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ART. I.—*Prolapsus of the Uterus and Bladder.* BY T. WOOD, M. D.

On the 15th of January I was called to see Miss A——, a healthy, robust German girl, in her sixteenth year of age, who presented a tumor protruding from the vulva, of the following dimensions: Around the neck of the tumor, near the pudendum, seven inches; from the urethral orifice to the fourchette over the tumor, thirteen inches; and the transverse circumference at the largest portion, eleven inches.

The entire surface was covered by mucous membrane, which was continuous in every direction with the epithetial lining of the vulva, except a small indentation in front, where the urethral orifice was found. On the posterior aspect of the tumor in the median line, and about three inches from the vulva was the os uteri, sufficiently open to admit the introduction of a small gum catheter, which readily entered to the depth of six inches: and when withdrawn was covered with healthy looking mucus.

She could permit, without uneasiness, free handling and examination of the tumor, and even the introduction of the catheter into the uterus, gave no pain, but the sensitiveness at the mouth of the urethra was too great to allow an instrument to enter the bladder. The tumor fluctuated throughout its extent, and had the feel of a large hydrocele, which was supposed to be owing to the presence of the displaced bladder very much distended with urine. The

conclusion arrived at from the examination was, that I had simply an inverted vagina, with prolapsus of the uterus and bladder.

The history of the case is somewhat obscure. The parents of the girl had not discovered any thing wrong until within a few days of my first visit. She had attended to all her duties at housework without complaint, exhibiting no signs of disability until the sides of the tumor, by contact and friction against the thighs, became ulcerated, and compelled her to lie in bed. She had experienced no pain simply from the displacement, either at the time or subsequent to its occurrence. She had no difficulty in retaining or passing her urine, and her bowels were regular and natural in their movements.

The girl's own statement was very indefinite as to time. She stated that the tumor had appeared suddenly, without pain, and she believed it was nearly as large when first noticed as at present. She could not say how many months it had existed, but she knew she had it before she menstruated,—that she had menstruated four times, and for the last three months she had missed her menstrual flow. If her statement is correct, it must have existed from seven to eight months.

In consultation with Prof. Mendenhall we decided to administer chloroform, draw off the urine, and attempt the reduction of the tumor in mass.

When she was completely anæsthised the catheter was easily passed into the bladder and its contents discharged, but the tumor was only diminished about one-third by the evacuation of the urine, and so great was the bulk remaining that it could not be forced through the vulva. The remaining part was still tense and fluctuating. After again making a careful examination of both the bladder and uterus, and fully satisfying ourselves that the fluctuating fluid was not in either viscus, we determined to test it with the exploring needle. This revealed a cyst containing about a pint of dark grumous blood mingled with pus, occupying the visico-vaginal septum. When this was evacuated the mass was returned into the pelvis without difficulty.

After the operation she experienced very little pain, and she has had no trouble in retaining or voiding her urine, and the bowels have moved regularly. The vaginal walls that were very much hypertrophied, lying in large folds, and giving a ridged, leathery feel to the finger when first returned, are softening down, and now (two weeks after replacement) feel quite natural.

It is difficult to give a satisfactory explanation of the cause of this very unusual occurrence in so young a person, but it is very probable that the abscess in the vesico-vaginal septum, becoming too large to be retained in the vagina, forced its way through the vulva and dragged with it the uterus and bladder, and at the same time turning the vagina inside out.

I will not attempt any explanation of the cause of the great enlargement of the cavity of the uterus, (which was full six inches from the os to the fundus), as the most careful inquiry did not elicit any fact in reference to it.

ART. II.—*Case of Puerperal Convulsion.*—By B. F. DUVALL, M. D. Forks of Elkhorn.

Having long since regarded faithfully reported cases as the best method of studying symptomatology and treatment of disease, I, therefore, present for publication the following case of recovery from puerperal convulsions:

Mrs. D——, aged nineteen years, light hair, blue eyes, fair complexion and of fine muscular development, in her eighth month of utero-gestation, first child.

I saw Mrs. D. on the eighth of March, 1866, early in the morning. Found her sitting in a chair by the fire, being unwilling to remain in bed; had been complaining for ten days with pain in the head, vertigo and restless nights, with swelling and much pain of lower extremities. She was listless, abstracted and unable to comprehend what was said to her; eyes glared wildly, carotids throbbing heavily, pulse 120 full and strong. I ordered her to be put to bed immediately, and while the attempt to do so was being made, she was seized with a strong convulsion, attended with the usual symptoms of this disease, viz: the entire body convulsed; head thrown back and drawn to the right side; eyes rolled upward in their sockets; hands forcibly clenched; rigid muscular contraction of arms and legs; with bloody froth issuing from the corners of the mouth. She was bled instantly to twenty-five ounces, and given calomel, grs. xx.; aloes, grs. x., in powder as soon as she could swallow. Two hours intervened before the return of another fit, during which time an examination per vagina, discovered no indications of labor. During the interim of convulsions, there was

no return of consciousness or recognition of persons, or events that were transpiring around her. She was again bled to fifteen ounces, and an enema of warm water and soap, with powdered asafœtida given, which produced a large action from the bowels, after which she was more conscious and seemed to understand what was said to her. In three hours had another fit; took five ounces more blood, and repeated calomel and aloes with the addition of asafœtida vi. grs. This convulsion was much lighter than the two preceding. The patient seemed more rational and quiet. In four hours she had another convulsion, which proved still lighter than those preceding. Took three ounces more blood, administered chloroform by inhalation, and repeated the asafœtida injection. She afterwards had two light convulsions at longer intervals,—the bowels having acted freely several times. I left her for the night, returned next morning, and found my patient quite composed and rational, but still complaining of throbbing pain in temples. Ordered a mild diuretic, as her kidneys had failed to act well. I saw her no more until the night of the twelfth, when I found her in natural labor, and in six hours delivered her of a male child, which, judging from appearances, had been dead ten or fifteen days. From the moment labor set in the head symptoms ceased, which had continued up to that time. I fully expected a return of convulsions when labor should come on, as I was convinced the child was dead, which I conceived to be the exciting cause of the convulsions, and as had happened with me before in a similar case.

I will here state that I believe chloroform to have been of material benefit in this case, by controlling nervous excitement; thus quieting the patient, and to a great degree, lengthening the interval between the attacks. But in order to derive any beneficial effects from its use, the patient must be constantly kept under its influence. She had a good recovery, the only trouble being debility from loss of blood.

This is the fifth case of puerperal convulsions that I have treated successfully, relying almost entirely on the use of the lancet. I have had occasion to see used, tincture veratrum viride, digitalis, lactates of zinc, and many other remedies recommended by the profession, but with unsatisfactory results, so far as I have been able to judge.

ART III.—*Clinical Thermometry.* BY WM. CARSON, M. D.

The claims, which are set forth for the thermometer, in the investigation of diseases, require at the hands of every physician a conscientious examination. A complete scheme of clinical work includes many means more or less valuable. If any one of them can be made more precise or satisfactory; or if new methods can be added to those already acknowledged as useful, we must accept and adopt them. Among those practically familiar with clinical thermometry there is an agreement as to its usefulness, though its precise value and relation to other clinical methods requires further determination. It, in itself, involves and should always be made to include the examination of the pulse, respiration and the excretions. A brief consideration of the relations of animal heat to these will give us a starting point of normal action, and show us a reason for studying the indications of the thermometer in disease.

The first important fact is, that animal heat results from the general and intricate processes of nutrition throughout the system. It is therefore, when accurately measured, an exponent of the various phenomena, manifested in secretion, excretion, respiration, &c. The second fact is that about 98.4° stands as the almost invariable figure, representing the normal performance of all the functions in man. We are all familiar with this fact, yet perhaps overlook its full meaning. That amidst all the varying external conditions, influencing us, and the endless variety in the performance of the functions, this figure should vary so little, and so transiently, should emphasize the deviations from it which disease shows. So permanent is this point that it is agreed that one or two degrees above, if persistent, is evidence of abnormal action of some kind. A third point is that the maximum temperature in health occurs in the morning, quite in contrast with the abnormal fluctuations. As to the comparative sensitiveness of temperature and pulse, Aitken states that the former is "more readily and rapidly affected than either the pulse or respiration, especially in disease." Some experiments made by Dr. Joseph Jones, of Georgia, on himself, and published in 1859, (American Medical Association's transactions) rather oppose this statement, so far as the influence of exercise goes in healthy persons. He writes as follows:

"ATHENS, January 23—6 o'clock A. M.

Lying in bed, just after waking from sleep, pulse 76, respirations 15, temperature under tongue, 98. Dressed myself and took a walk of two miles over several hills. In thirty minutes after returning, pulse 90, respirations 20, temperature of axilla 98. A gain of 14 in the pulse, of 5 in respiration, while the temperature remained the same. Other experiments showed similar results. This does not invalidate the use of the thermometer—for we shall see that the very sensitiveness of the heart will often lead to wrong inferences. Its extensive and various nervous supplies, subject it to certain influences that, unless corrected by a reference to the temperature, cannot be properly interpreted. As a standard of co-relation between temperature and pulse in health—the figures 98° for temperature, and 60 for pulse are adopted. This of course takes no account of other qualities of pulse besides rapidity. The sphygmograph promises to be a useful clenical instrument in the investigation of the pulse, and has already afforded more accurate information than our sense of touch gives us in some cases. An important fact bearing on the co-relation of pulse and temperature, is that the "excessive heat of the blood stimulates the action of the heart, both by its action on the endocardium and on the cardiac ganglia within the substance of the heart."

A mere statement of the essential phenomena of respiration, will indicate the natural relations of temperature and respiration. These are. "1st. The absorption and consumption of oxygen. 2d. The production and exhalation of carbonic acid. 3d. The intermediate processes between the disappearance of the oxygen and the production of carbonic acid in the tissues and blood (Flint). Under this last head are included most of the phenomena of nutrition, of which, as we have seen above, the temperature is the result. Abnormal heat might act, as in the case of the heart, upon the nervous supply of the respiratory organs, and thus produce increased frequency of movements. For a clinical standard we have no other practical method, than to adopt the standard of about 16 to 20 in a minute, or to 4 or $4\frac{1}{2}$ as co-relating pulse and respiration. Dr. Sanderson in his report on the cattle plague, observes, that much more was to be learned by observing the mode of respiration than the frequency. In that disease the rythm of the act was interfered with, and he considered it of more significance than the mere frequency.

In relation to particular excretions, as we do not know the proportionate effect of each in regulating temperature, so we cannot fix a clinical value to them. Barral states (Bence Jones, on chemical and mechanical diseases, &c., "that 1 to 2 per cent of power is given out in heat of the urine and fœces; from 4 to 8 per cent in the heat of the breath; from 20 to 30 per cent in evaporation of water from the surface; and from 60 to 75 in conduction, and radiation, and mechanical work." Volumetrical analysis is becoming simplified, opens up a productive field, and may yet be easily available in our common professional work, for the determination of these interesting problems.

We have, thus imperfectly, given the physiological basis on which we think the "thermometry of disease" rests. It remains to indicate the clinical facts of our subject.

The fundamental law of the thermometry of disease is that, as there is a fixed and almost invariable range of temperature for healthy function, so in diseases there is a "typical range" corresponding to their natural history. It is not so much the fact of a simple increase, or the amount of it that we look for, but a certain order of thermometrical expression that indicates to us the regular evolution of the pathological processes of any particular disease. Deviations from this order have probably more value in diagnosis, or prognosis than simply high range, what would be a high range in one disease, would not be so in another, or what is so at one stage is not so at another stage of the same disease.

Proposition V of Dr Jones, of Georgia, who in 1859 made and published elaborate investigations covering this whole subject, is that in malarial fever, "the higher the temperature of the trunk during the cold stage, and of the extremities and trunk during the subsequent hot stage, (stage of equalization of the circulation and chemical action,) the milder and shorter will be the attack as a general rule, provided there be no complication, as congestion of the brain." Our knowledge of the natural course of disease is in constant use in the sick room, and the thermometer in this respect will facilitate diagnosis and prognosis. Immense numbers of observations have been made which prove the relation, indicated in this fundamental statement. We will give brief illustrations upon this point as to special diseases, using the experience of many observers. Prominent among those who have brought the subject forward, is Aitken in his practice of medicine. We are

inclined to think from our own experience, that disappointment to a certain extent will follow the adoption of his presentation of it. He perhaps does not inculcate strongly enough its combination with other means. We will arrange what we have to present under the heads of—1st. The typical range. 2d. Diagnosis. 3d. Prognosis. 4th. The therapuetical indications derivable from it.

Beginning with a common disease, and in which our own use of the instrument is largest, we give a typical case of typhoid fever. The diagram No. 1 will show a record from our own practice.

For the first three days he was not under treatment. On those days usually the temperature ranges from 99 in the morning, to 102 or 3 in the evening. On admission to the hospital on the fourth day, the temperature was 100 in the morning, and 100.2 in the evening. Gradually the temperature increases in the evening range until the height is attained. Aitken gives the fourth day as that period. Compton (Dublin Quarterly, which by the kindness of Dr. Foster we have before us,) says the maximum may be reached at any time between the seventh and twenty-first days. This latter corresponds to the record in the diagram. Compton also states "there is no particular temperature arrived at on any one day." The "defervescence" is marked by *gradual* decline in the evening range, and an increased difference between the morning and evening figures. Fluctuations occur from special causes, such as arise from constipated bowels, or congestion of the lungs, or a fall from hemorrhage from the bowels. This diagram marks a morning figure as low as 97 about the 15th day. It was a mild case, and seems a fair instance of the typical range of typhoid fever. As to the diagnosis of typhoid fever, every practitioner knows its insidious character, and the patience he must use in making a certain diagnosis. We are satisfied that any one who makes himself familiar with the typical range of the disease, will be enabled to pronounce an earlier diagnosis in many instances. We have seen a number of cases where the incipiency of the disease has been thus cleared of all doubt. We have the record of a case of febricula where the decided expectation of those who saw the case was, that of typhoid fever, but the thermometer negatived it, and proved correct. Compton relates a similar instance. In it there was "a very high temperature within a few hours of the first symptoms of malaise, but in forty-eight hours the temperature was again normal."

A practical question here arises as to the comparative value of the pulse and temperature in early diagnosis. Can the one be foretold by the other? Certainly it often cannot. This seems very strange when we reflect that a normal pulse includes a much wider range than a normal temperature. Lyons (on fevers) quotes "experiments made by Lichtenfels, and Frolich, which appear to show that in the normal condition the frequency of the pulse and the temperature are independent of each other." He gives a table of his own observations in yellow fever, from which he concludes. "There was no uniformity of relation." The same discrepancy is often observed in typhoid fever. We have a record of a pulse of 96, with temperature of 97.6°, and of 82 with 102°. One author gives the proportion of 1 to 10 beats of increase. Compton states his experience as 1 to 5. The very fact that these discrepancies may exist, is a reason for combining both modes of observation.

"As regards prognosis in typhus and typhoid fevers, we quote from Warter, in St. Bartholomew Hospital Report, Vol. II., the most important rules which can be derived from the records of a single daily temperature seem to me to be two, viz: that a sudden rise of temperature in either indicates some intercurrent disease, as congestion of the lungs, and that a sudden fall of the thermometer in typhoid fever indicates either diarrhea or hemorrhage." We have record of a case, with typhoid symptoms, where about the fifth day there was a sudden rise to 106.4. This occurred in the evening. During the night and towards morning symptoms of congestion of the brain suddenly set in, and the patient died that morning. In this case there was a premonition of eight or ten hours.

A brief synopsis, from Warter, in St. Bartholomew Hospital Report, of the range in a number of diseases not on our diagram, will close this part of our paper.

"The range of temperature in measles is a short and rapid one. After reaching its acme of temperature comparatively early, the thermometric wave takes a rapid downward course. The highest temperature reached in measles is rarely higher than 103°; the disease ends usually by rapid lysis, the pulse and temperature falling together.

"In scarlet fever, the temperature attains its height from the second to the fifth day, the pulse also being highest at this early

date, and by its extreme rapidity often aiding in diagnosis—the temperature declines gradually, attaining to the normal about the tenth day.

"In facial erysipelas, with relapses, the temperature rises and falls in the most extraordinary manner.

"In active tuberculosis the temperature is always elevated sometime during the day. Although I should not consider a single temperature of even 99.5° abnormal in an apparently healthy person, I should be inclined to regard a persistent temperature above 99° in a strumous patient, as indicative of some active mischief." In a case of rather obscure pneumonia, with persistent dullness of percussion for an unusual length of time, it became a question whether or not there was tuberculous deposit forming. The temperature went to 102° and 104° in the evening. Since resuming business he has had several small hemorrhages from the lungs.

The most complete record of temperature of cholera cases, within our reach, we find in the third volume London Hospital Report. The observations were made during the last summer, in the Hospital, with the following deductions:

"1st. The temperature of the body when taken in the axilla, rectum or vagina, will show to some extent the degree of the severity of the attack.

"2d. The temperature cannot be estimated by the hand at all correctly; this applies to the stage of re-action especially, and a great deal of care and time is necessary to get anything like careful and reliable observations.

"3d. The temperature in the axilla will rise 2° Fahr., after a severe attack of cramps, caused by muscular exertion and accelerated respiration probably.

"4th. The number of respirations in a minute, and the temperature in the rectum or vagina seem to have some relation to each other.

"5th. Cases in which the respirations are more than forty in a minute, and the internal temperature higher than 101°, rarely recover.

"6th. The temperature of the body in roseola cholerica is raised in proportion to the severity of the eruption.

Of forty cases of extreme collapse the lowest temperature in axilla was 90°, while in the rectum or vagina the lowest was 99°.

The highest in axilla was 97.2°, and in the rectum or vagina was 102.8°.

In regard to the unexplained phenomenon of a rise in temperature after death, the report says: "Patients who die during the second stage, and have a low external temparature during life, have a sort of reaction while dying, and after death the external and internal temperature rises to what it might have been had they lived a few hours longer. The highest temperature I have taken after death was in a little boy, externally 101.8°, internally 106.2°. Usually it will be 99° in axilla and 102° in rectum. I think it depends on duration of illness alone, and not on alteration of tissue, or decomposition having commenced."

These are a small portion of the diseases in which numerous observations have been taken.

Warter, (who, since his article was written, has become a victim to typhus fever, contracted while engaged in his investigations in the hospital,) closes his paper with the following propositions on the value of the thermometer in prognosis.

"A sinking temperature and a rising pulse existing together day by day, are unfavorable; and a comparatively low temperature, as 102°, in the latter stages of pneumonia and typhus fever, does not at all exclude the chance of death occurring.

"In erysipelas, in some few cases of pneumonia and febricula, and in some spinal affections, temperatures above 105° may be met with, without being necessarily of evil prognostic omen; but in most other diseases, a mid-day temperature of above 105° is to be considered a decidedly grave symptom.

"If the pulse, and general symptoms of a patient are favorable, the thermometer, in spite of this, marking a high temperature, the former symptoms are to be chiefly relied on in forming a prognosis, though the latter should make us still more careful in searching for any intercurrent disease, and especially for inflammation of the lungs.

"In cases in which the general symptoms are perplexing, one counterbalancing the other, a very high temperature throws one more weight in the scale for forming an unfavorable prognosis, and vice versa.

"When the pulse and general symptoms on the one hand indicate danger, the temperature on the other not raising alarm from

being either very high or very low, the pulse and general symptoms are by far the most trustworthy in forming a correct prognosis."

As to therapeutical indications from its use we give two or three. Warter says: "In treating fevers, at any rate towards their close, I think we may derive some hints from the use of the thermometer, for by its marking a normal temperature when, perhaps, the pulse is frequent, the patient constantly delirious, and the whole mouth black with sordes, it shows us plainly that these symptoms are not the result of cerebral inflammation, but depend, in all probability, on exhaustion; hence nutrients and stimuli appear the rational curative agents. We have ourselves seen an increase of temperature originating in confined bowels, rapidly lowered by a mild laxative. In *Medical Times and Gazette*, Oct. 20, 1866, are a number of experiments by Warter, on the effects of drugs on temperature, but we can only refer to them here.

An interesting fact with regard to quinine, is given by Parkes, (on urine, p. 241) "When quinine is given, in ague, it does not so soon appear in the urine as in health. It has no marked effect on the water, urea and chloride of sodium, though it may at once arrest the rise of temperature. The independent observations of Rodenbacher and Ringer seem decidedly to show that, after ague has been apparently cured by quinine, there occurs in the next two or three days an increase of urea, chlorine and water, at the hours when the fit would have occurred but for the quinine. In other words, the quinine dissociates these two symptoms, increased temperature and ureal increase; it stops the first at once, but not the second for some days."

We should not, perhaps, close without mentioning the applications of the thermometer in the cattle plague. This disease has been most elaborately investigated by a commission of scientific physicians, appointed by the British Government. The result of their labors is embodied in a series of reports of great range, and interest even to the physician. The commission, in speaking of the earliest symptoms by which the disease could be indicated, says: "As to this point, the inquiries establish this fact, that a rise of temperature precedes any other symptom. Within a period ranging from thirty-six to forty-eight hours after an animal has taken the cattle plague by inoculation, the temperature rises from

102° Fahr. to 104° or even 105½. This occurs when the animal appears no way ill." It is "inferred that, although the increase of temperature is of inestimable value for the recognition of cattle plague in its earliest stage, it is not of much importance, as an aid to prognosis, for the cases in which the highest temperature was recorded were precisely those of which the issues were most favorable," a fact confirming Dr. Jones' statements as to intermittent fever. "It is to be observed that although the absolute increase of temperature has but little relation to the severity of the case, the variations which occur during its progress are much more significant. If the heat of the body begins to decline rapidly during the fifth or sixth day, the change indicates with tolerable certainty that death is approaching. In animals about to recover the temperature also falls, but the decline is much more gradual, and does not commence until the seventh or even the eighth day." Prof. Gamgee gives an instance, where on examining forty-two cows, several of which were eating and ruminating, and others giving a full quantity of milk, he found all, with the exception of one, with a temperature from 104° to 107.8° on the 18th November, on the 25th only five were alive."

The frequency of the pulse was not reliable, "either for diagnosis or prognosis." The quality or strength of the pulse was more reliable, for "changes of arterial tension are more easily appreciated in bovine animals, than in man, because of the more complete exposure of the artery."

Such is an imperfect review of the present aspect of this subject, before the profession. The practical application of the thermometer in private practice has not as yet been extensive, at least in this country. It's supposed consumption of time and attention can be, even if true, no argument against its adoption, provided its value become thoroughly proven. No one could afford, on that ground, to neglect it.

The axilla has been almost universally adopted as the most convenient and reliable point of application. The instrument should remain in place, the patient having been in bed for a time, until the column ceases to rise. If it ascend rapidly we may infer a more active febrile condition, than when it rises slowly. The bulb of the instrument must also be well protected from the atmosphere. We have used, generally, a case of the Aitken instruments, which are certainly accurate, but difficult to read. We had, for a time, a

German instrument, graduated to the 1-10th of a degree. It was accurate and convenient. At present no good instruments are easily obtainable here. Some from New York we found untrustworthy. The diagrams which we now use are those recommended by Prof. Flint, in the *New York Medical Journal.* They contain columns for date, pulse, respirations, temperature, and date of disease, and can, by brief memoranda, be made to give a good history of any case.

ART. IV.—*Case of Non-Puerperal Pelvic Cellulities, terminating fatally.* BY T. H. KEARNEY, M. D.

Sarah ——, aet. 22, colored, a native of Tennessee. Admitted to St. Luke's Hospital, April 12th, 1866.

Has been working as a cook for some time in this city. Though unmarried, had a child four years ago. She states that about two months since she was taken sick, with vomiting and purging; the alvine discharges having been of a light color. Those symptoms were succeeded by pain in the right iliac region, and great distress upon making water. Her appetite and strength failed; but she still continued to work over a hot stove, bracing herself with alcoholic stimulants to enable her to do so. A physician was called, who attended her for some days; but as she continued to grow worse, she was brought to the hospital.

Condition on admission. — Is very feeble, but not emaciated; pulse 108 to 112; appetite very poor; bowels loose and discharges of a light color; tongue dry and pointed, with redness of its tip and edges; decided tenderness in the right iliac region.

Was ordered Dover's powder with a grain of calomel at bedtime.

13th.—Rested poorly during the night; pulse 108 and feeble; other symptoms unchanged.

R. Pulv. Doveri gr. jv every 4 hours. To have beef-tea freely.

15th.—Severe pain in the epigastric region during last night, accompanied by vomiting; the matter ejected being decidedly bilious. Increased tendency to diarrhea, which was temporarily controlled by a dose of morphine.

21st.—Very little changes since last note. The nocturnal attacks of vomiting and pain still recur. Tongue somewhat moist now. Pulse 112. Has had very little medicine except an occasional anodyne at night. Although no febrile reaction has been observed,

yet in view of the seeming periodicity of vomiting and pain at night she was ordered quinine in anti-periodic doses.

23rd.—No improvement from the quinine, which was to-day reduced to tonic doses.

25th.—The diarrhea still continues; the evacuations being lighter in color than they were. The gastric irritability also continues; and the tenderness in the right iliac region now extends to the hypogastrium and partly to the left iliac region. A per vagina examination revealed some enlargement with slight descent of the womb, and decided fixedness through inflammatory adhesions; though no pelvic tumour could be discovered, but a general thickening of the pelvic tissues.

R. Emplas. Canthar. to the seat of tenderness.

29th.—For the past two or three days she seemed better; but at present the irritability of her stomach is increased. Tip and edges of tongue still red. Pulse 112.

30th.—The hypogastric tenderness much increased; strength failing; appetite very poor; pulse 120. To have beef essence regularly every three hours, if tolerated by the stomach.

May 2nd.—Seems somewhat better, but is very week; pulse 120; tongue not quite so dry. The greatest tenderness now is in the *left* iliac region. Bowels moved three times last night.

4th.—Slept but little last night, as usual. The irritability of her stomach has subsided, and her bowels have not moved since last evening. Complains of suffering greatly when she urinates; the water letting fall a heavy deposit after standing awhile, which is partly purulent.

6th.—Slept some last night, and seems a little better. The pain has somewhat diminished; has some desire to eat, and there is no irritability of the stomach at present; bowels moved twice yesterday; passed water frequently during the night, with the usual amount of distress; urine still turbid; pulse 128.

During the latter part of the day she grew rapidly worse, failing entirely to respond to the free use of stimulants, and at 8 o'clock, P. M., she died.

The treatment, latterly, has been supporting, and tonic, with the free administration of anodynes, and occasionally Bismuth, as the condition of the stomach and bowels indicated. The tincture of iodine was also used, locally.

Autopsy, fifteen hours after death:

Rigor mortis well marked. Body well nourished: adipose tissue abundant in abdominal walls and omentum. The cavity of the pelvis and iliac fossæ contained ten or fifteen ounces of purulent serum, with shreds of lymph. Lymph deposited in large amount on the surfaces of the pelvic viscera, omentum and lower bowels—agglutinating those parts at all points of contact. The whole extent of the peritoneum, both parietal and visceral, was studded with tubercular deposit. The right broad ligament of the uterus was much thickened, and excavated into the ragged, irregular cavity of an abscess, which also extended into the substance of the ovary of the same side, and opened into the cavity of the peritoneum—though, at what particular point, it was impossible to determine, in consequence of the very extensive lymphy effusion which covered and obscured all the parts in the pelvis. The uterus was enlarged, somewhat depressed, and fixed by the surrounding inflammatory adhesions. Though its substance was rather anæmic, the lining membrane of its body was congested. A circular perforation, three lines in diameter, existed in the posterior wall of the sigmoid flexure, but in consequence of the extensive and complete adhesions all around, the escape of the intestinal contents into the peritoneum was prevented. The lining membrane of the urinary bladder was congested, with some spots of ecchymosis, and extensive loss of its epithelial layer, in patches; Both ureters were found enlarged. The left kidney rather large and much congested, with a small collection of pus in its pelvis. Its fellow of the right side, though normal in its general appearance, also contained pus. Liver a good deal enlarged, pale and mottled. Spleen normal. Stomach not examined; neither were the viscera of the other cavities.

Remarks. This poor patient was, unfortunately; but little able to give a reliable statement of her symptoms and feelings, as she was, seemingly, highly imaginative, often dwelling on trifling feelings and conditions, while she entirely overlooked or remained silent on matters of importance connected with her case. She was also morose and peevish, a state of temper which is, perhaps, more or less characteristic of her race, under sickness. She never mentioned the occurrence of chills or rigors, even when directly questioned on the point. At no time did she complain of general abdominal tenderness; but always localized the soreness. Even when examining her for suspected hepatic disease, a few days be-

fore her death, she distinctly denied the existence of any pain or soreness in the abdomen, above the level of the iliac ossæ. Neither was there tympanitis or any other fullness of the abdomen developed, up to her death. No hectic, or other febrile exascerbation was observed at any time by the house physician. The often recurring vomiting was, almost invariably, decidedly bilious.

The points of most interest connected with this case are, perhaps, the mode of its termination, and the absence of any symptoms sufficient to excite even a suspicion of the extensive peritonial disease which existed. For the opening of a pelvic abscess into the peritonial cavity is stated to be a rare occurrence, and, though chronic inflammation of the peritoneum is well known to be remarkably insidious in its course, yet one could hardly behold the state of things revealed by the autopsy in this case, without wondering that some evidence of the condition which existed, was not afforded before death. The pain felt in the left iliac region was, doubtless, dependent on the ulceration in the sigmoid flexure; and the sudden sinking shortly before death, in all probability, marked the occurrence of the rupture of the abscess, by which its contents were discharged into the peritonial cavity, there mingling with the serum and lymphy flocculi already existing as the result of the general inflammation of its surface.

It is to be regretted, that in taking her history, the condition of her previous menstruation, as well as other points, were not inquired into.

ART. V. — *Sequelæ of Diphtheria.* By W. W. Seely, M.D., Prof. Opthalmology and Aural Surgery, Medical College of Ohio.

There are one or two of the sequelæ of diphtheria of considerable moment, which seldom receive more than a mere allusion from those who speak of the disease in a general way, as they require weeks, sometimes months of treatment from those into whose hands the patients fall, after a recovery from the general disease, it may not be time lost to consider them.

In the enumerations of the sequelæ, you will generally read "The voice becomes husky; swallowing is not accomplished without difficulty, and fluids are apt to return through the nose; vision may be defective; the eyes easily wearied, and objects after a short time are blurred and indistinct."

It is these symptoms of which we wish to speak somewhat at length. First, as to the huskiness of the voice—difficulty in swallowing fluids.

In examining many throats in which these symptoms are found, the mucous membrane of the mouth and throat will be found normal; the tonsils even but little swollen, so a little careless examination will hardly reveal the seat of trouble. In every day experience in looking into the throat, depressing the tongue, and having the patient draw in the breath through the mouth, we see the normal action of the soft parts, viz., the uvula, as the breath is drawn in, becomes shortened; the soft palate rises, and the arches contract. In swallowing, which requires a stronger effort, all the above changes are exaggerated. Now, what do we find in examining a throat when there is this huskiness of the voice and difficulty in swallowing fluids.

If we institute the above examination we will find, in well marked cases, a lengthened uvula, which hangs almost motionless; arches which contract imperfectly, and a palate which ascends but little. This condition of affairs at once explains the phenomena, and the whole is one of direct cause and effect. There are in some cases two marked lesions of speech:—first a speaking through the nose; second, a rattling sound, or rather, snoring. In examining a well marked case of this huskiness of the voice the other day—a case which appeared on account of the ocular trouble—I had an excellent opportunity to examine the soft parts, both as to their physical appearance and their effect on the voice. The speaking through the nose of course was the effect, a non-closure of the nasal cavity, from a failure in the action of the soft palate. The rattling or snoring sound has been accounted for by a quivering of the uvula, which comes in contact with the tongue.

These lesions are due to a paralysis, more or less complete, of the muscles in this part,—the nerves being affected by some poison in the system.

The cough met with in many of these cases seems to result from the lengthened uvula. This is a hacking cough, to be distinguished from that which results during eating, caused by the regurgitation. The dimness of vision is caused by a similar lesion with the vocal trouble, viz., one of innervation. It is now known, and readily demonstrated, that the dimness and fatigue of which patients complain, are not due to an inflammatory

trouble of some of the inner tissues of the globe, but to a defect in the accommodative power.

Possibly for the general reader, a few words on "accommodation" may not be out of place. What is meant by "accommodation of the eye" is its power to bring at will rays of different focal distances to a focus upon the retina, or more exactly, upon its most external layer, that of rods and bulbs. Not so learnedly expressed, it is the power of seeing, at will, objects lying at different distances from the eye.

The seat of this wonderful faculty is in the lens, and in it alone, and the change brought about in it is due to muscular action, and the muscle is innervated by the short branch of the third pair of cranial nerves. The normal condition of the normal eye is a state of rest, when objects at all points, at or beyond eighteen or twenty feet are regarded, there is no accommodative action. Now when nearer objects (than eighteen or twenty feet) are looked at, we begin to accommodate the eye, the ciliary muscle—the accommodation muscle,—contracts, the lens increases in thickness, and its focal distance shortens. Not to enter too far into the subject, the muscle of accommodation is brought into play whenever an object this side of infinity, (or eighteen feet, which is the beginning of it for all practical purposes,) is regarded.

Now let us apply the above in explaining the "dimness" and "fatigue" of the eye, of which so many patients complain after recovery from diphtheria.

First, what do we find by a physical examination; usually simply this, a greater or less dilatation of the pupil or pupils, they having very little action, either reflex or accommodation.

An opthalmoscopic examination reveals but a normal condition of the media and retina. It has already been said that a change in the lens brought about recommodation, so the dilatation of the pupil, caused by partial or complete paralysis of its sphincter muscle would not give us any clue to the cause of the trouble.

We ask the patient to read, and he immediately tells you he cannot, or that he cannot continue but for a short time, and in the trial he may hold the book off at arm's length.

You ask him—provided he does not volunteer the information—how he sees in the distance, and the reply will be—perfectly.

Now, what have we? Simply a lesion of accommodation. He sees in the distance because it requires no effort of the accom-

modation muscle; but when near objects are to be regarded, then action on the part of this muscle is needed, and it fails either partially or wholly, as it is partially or wholly paralyzed.

In some cases there may be doubt as to this muscle being affected, as no dilatation of the pupil is seen, but this fact must be borne in mind, that notwithstanding the sphincter of the iris and ciliary muscle are supplied by the same nerve, the third pair, a paralysis of both muscles at the same time does not necessarily occur; again, it may have occurred, and that of the iris disappeared, while that of the cilian muscle still persists. It may happen that the patient would see well in the distance. If he says his vision was formerly good, of course we conclude myopia, or near sightedness, and try convex glasses, and find that vision is benefitted, perhaps rendered normal. In such a case, the phenomenon is due to a defect in the refraction of the eye, which had been concealed by the action of the accommodation muscles.

The prognosis in these cases is favorable. Children usually recover from both these lesions, without the assistance of art, in from one to three months. A knowledge of the nature of the troubles will inform us of the therapeutics, if not in both cases, at least in the first. In both we think local treatment is that upon which we are to rely principally. Still the general system must be braced up by tonics when the necessity presents.

The local treatment for the paralyzed (or paresed) muscles of the palate and pharynx, is exercised, and gargling will be the means at once suggested. Laying some stress on stimulations, the gargle can be made with an astringent. The astringent gargle will be especially called for if there is congestion of the mucous membrane and enlargement of the tonsils. We have the same condition of the internal muscular system of the eye, with that of the other parts of which we have spoken, and consequently a like theraupeutical indication—stimulation and exercise. Until recently, mydriasis (dilatation of the pupil,) and paralysis of the accommodation were to a great extent left to nature, as a myotic was unknown, at least one of much efficiency. There were several substances to which myotic properties were attributed, as meotine, ext. aconite, digitalina, secale cornutum, opium, etc., but it was not until that powerful myotic property in the Calabar bean was discovered, that we came in possession of an efficient myotic. This bean has not only the power of contract-

ing the pupil, but like atropine, has a double property, adding to the myotic a stimulating effect upon the ciliary muscle. This, then, is the remedy that will give the gymnastic exercise to the ciliary muscle. A little of the extract, or gelatine, put in the eye once a day for a few days, will accomplish more than nature will in that many weeks, possibly never. Having then, in this medicine a perfect remedy, of course glasses should not be made use of during the time; if this remedy should be employed, and use of the eyes cannot be avoided, then recourse must be had to them. It is true they will enable the patient to see, but it is ignoring the disease.

SELECTIONS.

Charge of Lord Chief Justice, in case of Hunter v. *Sharpe.*—(Continued from page 26.)

Then, as to the enlargement of the uvula, we are told that when neglected it culminates in permanent injury to the lungs, and often developes tubercular consumption. It is startling to be told that a person who has that trivial, though annoying complaint, is on the way to decline. (A laugh.) Now, could a person conversant with such matters honestly say these things? The medical witnesses have told us that all this is entire delusion and untruth. And when we find such statements as these put forward—calculated to excite great alarm in the minds of those, especially the nervous and the timid, who may be subject to these complaints, or who may read these statements in the columns of a newspaper, it is for you to say whether these statements were put forth under the honest conviction of their truth, or for the purpose of frightening people into the belief that they are in great danger, when in point of fact they are only laboring under trivial complaints.

Then we meet with such passages as these, speaking of bronchitis:—"There is something so gratifying in being assured by the family physician that there is no danger of consumption;" that the "cough is a mere trifle, and will speedily pass away, if left to itself;" that it is not surprising that the flattered patient entirely overlooks the important fact that no careful examination

of the lungs has been made to determine the health or disease of this organ; that this gratifying opinion, therefore, is founded on nothing reliable, and is but tampering with human life, so that we cannot place any confidence in our medical attendants. Then we are told that these complaints, when neglected, invariably end in consumption. Now, looking to all these representations, and the manner in which they are put forward, the question is, are they put forward with the honest desire of warning those who may be subject to such complaints, or for the two-fold purpose of frightening persons who ought rather to be encouraged and cheered, and induced to look hopefully on their condition—frightening them into such a state of alarm as to induce them readily to believe that they are in a state from which Dr. Hunter alone can rescue them? According as you take the one view or the other on that question, your opinion upon this article may be different. But now, in all those cases in which motives are concerned, we naturally ask ourselves whether the man had any interest in the result. What is the position the plaintiff assumes with reference to that? It appears that not only with regard to consumption, but all the other diseases or ailments which he represents as cognate with it, they are only tampered with by ordinary medical men, that medicines are of no avail, that there is but one remedy for consumption, and that is Dr. Hunter's system of inhalation, and that we must go to him, and him alone, to be cured; and it is said that it is with this view these alarming statements are made, For instance, we are told: "If, therefore, you have a hacking cough and a slight shortness of breath on exertion, accompanied by an increase in the frequency of the pulse of ten or fifteen beats per minute, you cannot doubt the existence of mischief in the lungs, and should instantly set about its removal." This is sufficiently alarming, certainly, and is it right or honest to the public to put forward such representations as these? And what is the motive for it all? Is the motive to promote his own interests? The whole tenor of the book is to show that it is useless to go to our ordinary medical practitioners, no matter what confidence we may have in them; although they have treated us for years, and have the highest reputation in the profession, they can do us no good; they will buoy us up with false hopes, which only lure us to our destruction; they will tell us, "Wait till the spring; have a change of climate." The spring will never come, and the only

country we shall see is that beyond the grave. The only remedy is inhalation, and that cannot be obtained from them. They are ignorant and bigoted and incapable; they do not understand or appreciate it; they are useless, therefore, and worse than useless to us; one person alone can save us, and that man is—Dr. Hunter! (Laughter.) It is impossible to read this book, with all its reflections upon the medical profession, without seeing that the only conclusion is that we must abandon all other medical advisers and put our faith in him. And if you are of opinion that he urges his readers to that conclusion upon grounds which he must, as a medical man, have known to be fallacious, then the article would be justified. It was pressed by the counsel for the plaintiff that new discoveries or novel views in any science are always received with discouragement. That is true; but, on the other hand, we know, by the experience of all ages, back to the very origin of history, that there have always been men who have practised upon the fears and credulity of mankind, and especially pretenders and imposters in regard to medicine—men who have trafficked in the misery and sufferings of their fellow-creatures, and aggravated the sufferings they pretended to mitigate or heal, for the mere purpose of their own sordid interests, and without regard to the miseries of the disease they aggravated, while pretending to cure.

And to denounce and expose such pretensions and imposters is perhaps one of the most meritorious actions that can be performed by a public writer, when actuated by an honest zeal in the exercise of an honorable vocation. Therefore, we must look at both sides of the question. It may be that the plaintiff, while he makes dupes of others, is himself a dupe, and he may have persuaded himself, as many have done, with their notions and fancies, that his views were founded on truth, though really they may be based on error. But, on the other hand, it may be—especially if he has, indeed, that medical knowledge which his counsel represents him as possessing,—it may be that he knows the best way of preying upon mankind, and of bringing patients to consult him, is to work upon the fears of the nervous and the timid; that he may know that his pretended theories and pretended remedies are alike delusions, and as calculated only to end in disappointment and death, as he represents ordinary remedies to be. It is for you to judge between these two views of the

case; and though it does not follow merely because his system is delusive that therefore he is an imposter, yet if you believe he puts it forth dishonestly, then indeed you may find it proved that he is an "imposter" and "a scoundrel," as he is represented to have been. Nor must we confine our attention altogether to the book itself, however important it may be in guiding you to a conclusion upon that question. There is something more than that. You must look to the circumstances of its publication, and, above all, the method of advertisement which had been pursued by the plaintiff, It has been stated in evidence that a medical man who comes forward to propound a new remedy, or new mode of treatment for a disease, always discloses it fully for the benefit of the profession and the public, and does not confine himself to mere vague, indefinite references to the kind of remedial agencies he employs. He does not describe his treatment in language so vague and indeterminate as to convey no real information; but so as to enable medical men to apply it. The evidence, however, is that the plaintiff's account of his system or book is so vague that medical men cannot make out what it is. The application of oxygen by inhalation is its great feature. Every one knew long ago that sedatives might be applied by inhalation as a means of mitigation, or even of cure, in diseases such as asthma, catarrh, etc. But the essence of the plaintiff's system is the application of oxygen by means of inhalation for the cure of consumption; and it is said that the plaintiff wholly fails to describe how the oxygen is to be obtained or administered. This omission is certainly an important means of forming a judgment as to the distinction between a man who desires to benefit the profession and the public, and the man who is merely seeking to practice an imposition upon mankind. It is said, indeed, by way of excuse, that the book was not written for the profession, but the public, and that its object is to popularize the subject. Now, no doubt, it is laudable to popularize science or knowledge so far as it can be done with good effect, and we have seen in my own profession an illustrious instance of successful popularization even of legal subjects by one who is a master of legal erudition, (alluding to Lord St. Leonard's *Handy Book.*) But it is very different, indeed when we have a book like that before us, which denounces the whole medical profession as ignorant, bigoted, and incapable, and holding them up to contempt, and which, at the same time does

not disclose the system it professes to propound, so as to enable them to judge of it and test it, and if it is found valuable, to apply it for the benefit of mankind. There is here an important and characteristic distinction between the man who writes honestly for the purpose of informing and benefiting the world, and he who writes merely with a view to drive patients into the hands of a particular practitioner. But that is not all. The book, it is said, goes through edition after edition with unexampled rapidity, so that there were five editions wanted in the course of a month or two. If that were so, and if these were really different editions, in the ordinary sense of the term, one can hardly see how republication of it in the form of advertisements should have been deemed necessary, for the whole population must have been employed in reading it. (A laugh.) However, it is republished in a serial form in advertisements, taking up whole columns in the newspaper, and it is published with prefaces by Dr. Melville and Dr. McGregor, as if they were independent practitioners, who have become so sensible of the extraordinary merits of the new system that they could not let it go forth to the world without the stamp of their approval; whereas, they were all the while Dr. Hunter's paid assistants. And then, finally, follows the "card" of Dr. Hunter, announcing that he—the "author of the foregoing letters,"—will, "during his sojourn in England, in association with Dr. Melville, give his personal attention and supervision to the treatment of all forms of bronchial and pulmonary disease. Hours, 10 to 4 o'clock." Gentlemen, I hope the time is far distant when any member of a liberal profession in this country publishing a treatise on any branch of science shall descend to such a piece of clap-trap as that! Now a word as to the advertisements. Not satisfied with the unprecedented success of his book, Dr. Hunter must needs republish it by advertisements filling whole columns of *The Times*, and numerous other newspapers in town and country. It is said in excuse that he comes from America, and that there it is usual; but however that may be, happily the practice has not extended itself here; and the writer of the article was writing with reference to English usages. If it were open to professional men here thus to advertise themselves, the dignity and honor of a noble profession would be tarnished and soiled. A member of my own profession, who should re-publish a treatise in the papers, followed with a card of his address, would be scouted

from the profession; and what difference is there in this respect between the professions of medicine and of law? They are sister professions, equally amenable to the same rules of professional honor, and therefore I must say, that whatever may be the practice in America, (and I cannot believe that such practices are resorted to there by members of the medical profession or any other liberal profession), I hope it will never be deemed consistent with professional honor in this country to resort to such practices; and I cannot but think that the writer of this article was right in denouncing the practice as unworthy of an honorable profession. You are at liberty, then, to take all these matters into your consideration, and thus to determine the question whether, on the whole case, you are of opinion that the plea of justification is made out. That is, that the plaintiff did seek to work unduly on the fears of those who might read his publications; and thus to lead them to believe that he alone possessed a remedy. It is for you to say whether, on the whole, you believe he wrote honestly, or with the design which is imputed to him. The plaintiff however, has called attention to certain cases of cures. Of these cases I have made an analysis, and it appears that there were twelve witnesses who gave such evidence, of whom seven were cases of asthma, two of chronic catarrh, and three of bronchitis. Of the latter, one had been told by the plaintiff that he had tubercular deposit, and another had been told by a medical man that his lungs were "affected," and a third "slightly so." Therefore, out of the twelve cases there was one only in which it could be suggested that there was any tubercular disease. And it is admitted by every one that in those cognate diseases inhalation has been resorted to by medical practitioners; and the honesty or dishonesty of the plaintiff depends, it is obvious, upon whether he really believed that his treatment would meet and remedy tuberculous diseases. It is for you to judge whether his case was materially advanced by these instances. He adduced, indeed, two other instances in the evidence taken in Canada, by commission. Of these, one patient said he had complained of consumption, and that a medical man had told him he had a severe affection of the chest; and the other was told by the plaintiff himself that he had consumption. Then as to the Countess Rodowlinski, her own medical attendant did not deem it a case of consumption, and though the plaintiff, whom she consulted by letter, said it was, she certainly

recovered very rapidly; and as regards the impressions of patients themselves after reading the plaintiff's book, they might naturally be rather alarmed. And we must bear in mind that the case for the defense is in substance that persons have been thus alarmed, and under the influence of this alarm induced to fancy themselves victims of consumption, when they really were not so. Such, however, are the instances adduced by the plaintiff to show that, however fallacious may be his theory, at all events he is not guilty of quackery. You must say upon the whole whether you consider the plea of justification to be made out. But suppose you cannot go that length, that will not conclude the case. It will bring the defendant to his second ground of defense, which, in that event, you must consider. Under that head of defense, he says that it was a matter of public interest and public concern; that the plaintiff invited people by his advertisements to submit to his system of treatment; and that, if he, the defendant, really believed it to be a delusion, then he had a right to maintain that it was so; and that even if, in drawing inferences of imposture and bad intention, he fell into error, yet if he wrote honestly, and with the intention of exercising his vocation as a public writer fairly and with reasonable moderation and judgment, he is entitled to the verdict. And I entirely agree in that view. Here is a man challenging public criticism by bringing forward what professes to be a new system of treatment, and inviting the public to adopt it as the only means of curing the most destructive disease known among us. In doing this he challenges public criticism, and if a public writer, using a reasonable degree of temper and moderation, as behoves any one who makes imputations upon others—if a public writer thus discussing the subjects in the exercise of his vocation, falls into error as to the facts or the inferences, and goes beyond the limits of strict truth, he is nevertheless privileged. The occasion is a privileged one, and if the privilege is exercised honestly, faithfully, and with reasonable regard to what truth and justice require, then, though he may exceed the limits of what he can legally prove to be the truth, he is protected from liability. It is not therefore necessary that the justification should appear to you to be made out, if you think that the defendant, or the writer, was in the reasonable and honest exercise of his vocation as a public writer, even although he was not fully warranted in drawing the inferences he did as to the conduct of the plaintiff,

and though it may be that he was not entirely justified by the absolute truth. As you may be of opinion, therefore, on one or other of these questions, your verdict will depend. Assuming that it is for the plaintiff, then will arise the question of damages. The article certainly was one calculated to inflict great pain and cause much injury. It is written with extreme bitterness and severity, and its language is of the strongest description. But you must not forget the circumstances under which it was written. It has been suggested that it was written by some medical man I think it is extremely likely, and hope that it was so, for in that fact I should find great ground for indulgence, even if you should think the article neither justified nor excused; because it is plain to any man who reads it that it was written in a spirit of honest indignation, such as a member of the medical profession well might feel, seeing the way in which a member of it was soiling and degrading its honor and character by this system of advertisment. And if the writer of the article was satisfied in his own mind—as you cannot doubt he was—that the plaintiff's system was delusive and that he himself was a pretender and a quack, then we cannot wonder that in his honest indignation he should have put gall into the ink when he wrote to expose the conduct which he denounced. It was not the case of a man sitting down to gratify personal spite or professional malice, but a man writing honestly to denounce what he honestly believed to be a system of quackery and imposture, and to vindicate the honor and the character of the profession of which he was a member, and to do his duty to the public, in whose interest he was writing."

The jury, at the close of the summing up, retired to consider their verdict, and were absent an hour or two. On their return they gave a verdict for the plaintiff—damages, one farthing.

In answer to the Lord Chief Justice, they said they had considered the whole of the article.

Dr. J. C. Reeve on Anæsthesia. Those of our readers who are subscribers for the *American Journal of the Medical Sciences*, must have been much interested in the able article upon Anæsthesia, in the January number of that sterling quarterly. Its authors Dr. J. C. Reeve, of Dayton, O.—whose valuable contributions have

so often enriched our own journal—has furnished a model of revised writings, impartial, of graceful composition, of thorough analysis, clear and connected. Indeed, so much have we been impressed with the excellence and value of this effort, that we wish our space permitted its republication entire; but we must content ourselves with the subjoined portion, which is the conclusion of the thirty-five pages which the article occupies in the *American Journal*.

"The amount of danger is not only small, but more important, for it is in a great degree preventable. Probably we shall continue to have deaths from emotional causes so long as the human mind continues what it is; so long as the body remains what it is we shall have those deaths in prolonged operations where chloroform is "one of the factors" in producing it. But with "our increased knowledge, and exercising an increased care," we look for the others to disappear from the annals of medicine. Nothing will tend so powerfully to promote this result as a careful study of the chloroform literature of the present. Not only will such a study increase the frequency of its use until the axiom of Syme is generally accepted, that "every case for operation is a case for chloroform," but it directly and powerfully adds to the safety of the patient and the comfort of the operator. No contrast can be greater in either respect than that between an administrator of anæsthetics, who is timid, and justly so, because he is a believer in the pernicious doctrine that no reliance can be placed in the regularity of their action, and one which is imbued with the doctrines that irregularities of action arise from irregularities of administration, who has confidence in his remedy and feels that he has the power to control it. The one dreads the arrival of the hour for the inhalation, and thanks his stars when it is safely over. He is fearful, and administers the vapor irregularly; while the patient, escaping the dangers of inhalation by jerks, is exposed to those arising from incomplete anæsthesia, and the surgeon is annoyed and baffled in his manœuvres by the struggles of partial sensibility. The other proceeds steadily but cautiously to the end in view, he "makes haste slowly," and with a boldness tempered by wisdom, carries his patient down into the dark valley which borders on death, drowns human agonies in the waters of Lethe, and triumphs in the crowning glory of his art.

If the present of anæsthesia is cheerful and satisfactory, the future, too, looks bright and promising, and we cannot close with-

out calling attention to the fact. The number of agents known to produce anæsthesia, the extent to which they are being tried, and the amount of attention directed to improving this branch of our art, all give evidence of further advances in our knowledge. We think no one can rise from a careful study of the present condition of the subject without feeling convinced that we shall not much longer be limited to the agents now known, and that the day is not distant when, to quote the eloquent address of Mr. Bowman to the British Medical Association, "in the sure progress of our art, some other anæsthetic shall be found without even the slight inconveniences of chloroform."

New Method of Employing Heat as a Resuscitating Agent. By Joseph G. Richardson, M. D., Union Springs, Cayuga Co., New York. (From the American Journal of the Medical Sciences, for January, 1867.)

In the number of this journal for January, 1866, on page 225, appeared the abstract of a paper by Dr. B. W. Richardson, of London, detailing the commencement of an investigation into the means for rekindling the vital spark when almost extinct, which gave promise of very important results, had not the experimenter's attention been diverted to the opposite desideratum of accomplishing a temporary local death; which he did by the application of ether spray, an invention that has been received, and justly, with so much eclat by the profession both of Europe and of our own Western Hemisphere.

The following case occurred to me shortly after reading the above mentioned digest of Dr. Richardson's paper, and it was during the long hours of anxious night-watching over its subject, the uncertain pulsations of whose feeble heart I was so earnestly striving to invigorate, that those experiments led me to the practice which proved so successful in renewing its frail life, and which I propose briefly to narrate, hoping that it may assist some brother practitioner under circumstances of similar urgency:—

"On the 17th of February, 1866, I was called to attend Mrs. J. McC., a healthy woman of robust constitution, whom I had delivered some two years before of a still-born infant, after a very protracted and exhausting labor, the consequence of a marked

narrowing of the pelvis at its inferior strait. Finding that parturition was again rapidly approaching, and that the pains were active and frequent, I immediately examined per vaginam and discovered a breech presentation, which, coupled with the probability of another tedious labor, even under the most favorable circumstances, rendered the prognosis as regarded the child's life a very serious one. After the anticipated delay, delivery was accomplished, about half-past one o'clock on the morning of the 18th; but the infant, when born, was completely relaxed, and made no effort to respire, although a feeble pulsation was perceptible at the præcordia. The usual treatment of the hot bath, cold affusion, &c., &c., being employed without effect, I resorted to artificial respiration, and after a few repetitions of the mouth to mouth process of insufflating the lungs, finding that the heart seemed to beat with a little more force, I was encouraged to continue the treatment. Half an hour elapsed, however, without any further signs of life, and I was about to abandon the case as hopeless, when the child gave a single gasp, which was succeeded by others at intervals of nearly a minute; still continuing artificial respiration, I now sought to reinforce it by bathing the chest with whisky, moistening the lips and tongue with a mixture of spirits of ammonia, applying mustard to the feet and epigastrium, and friction to the extremities; but although by these means voluntary inspiration was obtained at decreasing intervals, until at the end of two hours, phrenic contraction occurred about every twenty seconds, yet I had the disappointment of finding that whenever artificial expansion of the lung was intermitted, as, through fatigue I was several times compelled to allow it to be, the intervals between the voluntary efforts became greater and the cardiac pulsation grew more feeble. Seeing, therefore, that the treatment hitherto had in reality accomplished only a temporary and evenescent resuscitation of the powers of life, and spurred on by the obvious necessity of some more potent means, I mentally reviewed the record I had so lately read of Dr. Richardson's remarkable success in restoring the heart's motion by injecting hot blood into the coronary arteries, and after many fruitless efforts to invent a feasible plan for applying that process in the case before me, hit upon the simple expedient of heating the blood in the veins themselves, and then assisting by external pressure to force it back to the heart; with the expectation that

with the partial absence of that usual refrigerating agency, inspired air, it would pass over the short pulmonic circuit and be distributed to the cardiac structure without any material diminution of temperature. To carry out this idea I directed a hot fire to be kindled up in the large cooking stove, and having made a bed of old flannels on its ample hearth, I laid the corpse-like body upon it, and with the assistance of some attendants heated the child's legs and arms alternately only a little short of the blistering point, and then by firm centripetal friction drove the hot blood along its desired course. The effect of this treatment was almost miraculous; the heart's pulsation, which, in spite of three hour's labor with artificial respiration and its adjuncts, had continued feeble and uncertain, grew rapidly full and energetic; the respiration, which had commenced again to prolong its intervals, changed its gasping character, became continuous, and although groaning, otherwise almost normal; and to crown all, the limbs, which had heretofore dangled relaxed from the apparently lifeless trunk, soon exhibited signs of vitality, which, beginning first, after some ten minutes roasting, with a slight tremulous movement of the extensors of the right leg, gradually traversed the entire muscular system, until the whole tiny frame shook like an aspen leaf, quivering, one might almost think, with too rude a blast of the breath of life. I remained with the infant for an hour or so longer, and experienced the intense satisfaction of observing a continued, though tardy improvement, the skin gradually losing its blue color and assuming the pink tint of a healthy new-born babe's. Being then compelled to visit some patients at a distance of several miles, I reluctantly left it in charge of the attendant, with the strictest injunctions against attempting to give even the smallest particle of food or drink, fearing, as I did, that the muscular movements were not yet sufficiently established to enable it to swallow. On returning, about two o'clock in the afternoon, I can hardly describe my vexation at finding that some ignorant and officious old woman of the neighborhood had insisted on feeding it with some molasses and water, and that, to the consternation of the mother and nurse, it had, after a few ineffectual struggles, expired in the effort of deglutition."

The arduous duties of a country practice have debarred me from any extended investigations in this matter, but the following experiments performed on the 29th of August, 1866, tend to prove

the correctness of my supposition that the circulating fluid could be so far heated through the walls of the blood vessels as to be rendered active in re-establishing the cardiac movements.

"The subject in this case was a young chicken that had been accidentally drowned; carefully opening the thorax in such a way as to avoid any large arteries or veins, I found the heart still beating, at 7:55 A. M., twenty minutes after the last gasp, which occurred directly on removal from the water; in ten minutes more it ceased to pulsate naturally, although answering readily to external irritation with the point of a knife, and like the pendulum of a clock almost run down, it would vibrate more and more slowly for some minutes. At 9 A. M., one hour and twenty minutes after respiration ceased, the heart, remaining in situ, was exposed to the heat of a stove under circumstances as far as possible precisely resembling those to which the infant above mentioned was subjected; after submitting it to this heat for one minute, the cardiac movements which a short time before, even under the stimulus of puncture, had been weak and uncertain, recommenced strongly and regularly at the rate of about fifty beats per minute; when the body of the fowl, however, was removed from the fire, these contractions gradually diminished until they ceased to be voluntary, and even irritation was feebly responded to. At 9.50 A. M., two hours and a quarter having elapsed after death, the heart was slightly moistened with warm water, and again heated as before; without any other agency, the auricles and upper portion of the ventricles, which had become relaxed and shrunken, voluntarily contracted and resumed their normal rhythmic movements, though at the rate of only eighteen pulsations per minute, and this continued for some little time after removal from the source of heat. Lastly, that no doubt might remain as regarded the revivifying power of fire (in this subject at least), I waited another twenty minutes until the cardiac pulsation had again become silent, and then found them to be restored (though at the slower but still regular rate of one in five seconds), by a further application of the life-renewing heat."

Dr. Sansom, in his recent work on the "Action and Administration of Chloroform," details, in his chapter on Resuscitation, from apparent death by that agent, two experiments of his own which have some bearing upon this subject. In the first—

"The movements of the exposed heart of a kitten were arrested

by chloroform vapor, then a jet of steam was directed upon the organ; the effect was instantly to restore rhythmical contraction. (2.) A rabbit was chloroformed until apparent death took place. After a few inflations of the lungs the chest was opened and the heart found beating rhythmically. Warm air of a temperature of 98 Fahr. was blown into the lungs by means of a pair of bellows, an elastic catheter being introduced into the mouth. The heart's pulsations were certainly increased in force and rhythm (?) a contraction of the ventricles taking place just after each inflation."

Thus it will be seen that the result of Dr. Sansom's first experiment accords precisely, so far as it goes, with that furnished by my own, and as regards his second, may not the current of warm air injected into the lungs have produced its beneficial effects by imparting caloric to the blood while contained in the vascular net-work of the pulmonary vesicles, from whence it would be driven in a few seconds into the coronary arteries and then exert its stimulating power upon the cardiac structure? Were it not for the danger of causing pneumonia, heating the blood thus through the lungs would be a great improvement on the plan above described, but while blistering, or even burning the skin upon portions of the extremities, would prove but a minor evil in comparison with the individual's death, production of such acute *pulmonary* inflammation must imperil the very life we seek to save.

I may further mention, as, in its small way, an analogue to the primary fact upon which Dr. Jenner based his immortal discovery, that a few weeks after attending the infant, as above narrated, I was called to see a little son of one of the largest sheep-breeders in this section, and during my visit, observing a huge basket in the corner of the dining room, from which issued an almost continuous bleating, was naturally led to inquire about the lambs. I learned that those which seemed feeble were brought into the house, dried, warmed, and fed with whisky sling, by which means most of them were restored, but I noticed that while a number struggled in a purposeless way around the basket, one lay with its eyes closed, and to all appearance dying; of this the owner remarked: "That fellow is pretty near gone; nothing but roasting will save him." In some surprise at the coincidence, I inquired whether that was of much service. "Oh, yes," replied Mr. C.,

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"When everything else fails I put them close before the stove and give them a good roasting; *that often brings them to life again;*" adding, afterward, "it 's astonishing what an amount of heat they will bear, and do them good, too." Thus forcibly illustrating by his experience the truth so often noted, that our boasted science, while it teaches us to work intelligently and with a skillful adaptation of varying means to diverse ends, is yet on many occasions a tardy guide in comparison with popular observation.

If, as an English writer has remarked, the spirit of the Royal Humane Society's directions for resuscitation can be summed up in the one word *Warmth*, this proposition may be expressed as simply to advance another step, having the monosyllable *Heat* for its exponent; and I hope that some of the many readers of this journal who have more abundant opportunities for such experiments, will investigate and report the practical value contained in the suggestion of artificially heating the blood (not warming it merely, as has been heretofore advised) within the limbs of persons apparently dead, and then propelling it as rapidly as possible toward the heart, the pulsations of which are probably, in some instances at least, so weak and infrequent as to escape observation for minutes before they finally cease. The method seems to promise somewhat not only in the cases of still-born infants, but also in those of patients asphyxiated by drowning, hanging, or the inhalation of noxious gases, especially the vapor of chloroform, and it possesses the great advantage that its essentials are almost always readily accessible.

Practical Observations on Diphtheria. By W. Newman, M. D., London. (Concluded.)

Treatment.—In diphtheritic affections, just as in the wider division of fevers, a cure is not to be sought for. As yet no specific has been found which will enable the medical attendant to cut short the attack; and in the present state of medical knowledge, it is simply open to us to tide the patient over a disease more or less severe, more or less prolonged, and attended very commonly by serious complications.

On this view, then, I have little sympathy with the directions laid down by some authors to treat the outbreak on so-called general principles; to give saline and diaphoretic medicines, because

the skin may in the early stage be hot and dry; aperients, because the bowels may not have acted with all due regularity, and when the opposite condition of depression is established, then, and then only, to have recourse to tonics, wine, and supporting measures.

The natural history of the disease is of material moment in settling this question of treatment. Many cases will recover speedily, many more will lapse almost as rapidly into a state in which but little of good can be looked for; but the one essential characteristic of well-developed cases of diptheria is that of a distinct tendency to death from general failure of strength.

If then the asthenic stamp be so strongly impressed, it seems to me imperative that nothing be done which may lower the existing standard of vigor, and that everything be done which may husband the strength for a time of critical endurance. I write strongly, for I believe any other doctrine to be erroneous and fraught with extreme danger. A very short time will turn the trembling balance in one direction or the other.

Therefore, from the very first onset and recognition of the affection, I would urge that the patient be kept in the recumbent position, and be spared any unnecessary exertion; that he be fed frequently rather than largely; and that the air of the room be often thoroughly changed. Do not, blindly following a mischievous routine, administer aperients; least of all, those containing mercurials. A simple injection of warm water will probably meet every requirement. Nor is it advisable to encourage perspiration by sedative or lowering medicines.

In this, as in all septic diseases, I would ask for constant circulation of fresh air through the apartment. Screen the patient from direct draught, but yet by continuous fire and open windows insure that he shall not breathe again and again an atmosphere vitiated by his own excretions.

Medical treatment will embrace

1. *Local Applications.*—So soon as the exudation is fairly manifested, and the co-existence of vivid redness of the surrounding mucous membrane points to its probably rapid increase, I hold it the best to use at once, as the most efficient application, the strong hydrochloric acid, diluted either with honey or with water, in equal bulk. A piece of sponge tied firmly on a stem of stick or whalebone, and then well saturated with the diluted acid, will be

best for the application; and this once made, the patient will usually declare himself much relieved. It seems to do away with the burning sensation about the fauces at the cost of a comparatively momentary pain, and furthers the curling up and detachment of the coriaceous layer. Once or twice again it may be well to resort to this potent caustic at an interval of twelve or twenty-four hours, rarely more frequently.

Then I have used as an after application the undiluted Beaufoy's solution of chlorinated soda, also used with sponge or large brush every four or six hours.

To make any of these applications thoroughly, the tongue must be well kept down with a spatula, or drawn forward out of the mouth.

Gargles are of little value. It is true that they wash out the mouth and the anterior part of the fauces, but they do not go back to the special seat of the disease.

In those not very infrequent cases where fœtor exists from decomposition of the secretions, or from commencing sloughing, I have had recourse to a tolerably strong solution of the chloride of zinc, and I think with decided advantage; and as an addition to the patient's comfort, the permanganate of potash (Condy's fluid), with six or seven parts of water, may be employed to cleanse the mouth from stringy saliva and offensive discharges.

In the earlier cases the nitrate of silver was used as an application and then totally discontinued. This agent has always seemed to me inefficient as a caustic, apt to deceive the eye in subsequent examinations, from the coating which is left behind after its use, and unsatisfactory in any influence for good in the removal of exudation or effect on the tissues.

Of external applications I have little to say, other than to deprecate very positively any resort to those which may remove the cuticle or damage its condition. More than once I have met with cases where after the local use of blisters, or liniments of liq. ammonia, the irritated surface has been speedily covered with the characteristic lymph exudation, but in no one instance has even temporary benefit appeared traceable to such means.

For the comfort of the patient, and indeed with some actual value, I think it well to apply an evaporating lotion of spirit of wine to the swollen and infiltrated structures beneath the jaw.

2. *Internal Remedies.*—The class of internal remedies from which

the most good may be hoped, is that of tonics, and from many conditions which are present in severe diphtheria, preference should be given to preparations of iron. These, in one form or other, I would give even from the first declaration of the disease, not waiting until increased pallor of integument and advancing debility make such agents palpably needful.

The ordinary tincture of the sesquichloride is, for several reasons, most to be advocated, not merely from its effect on the circulating fluid, and from its power as a general nervine tonic, but also from its presumably good effect on the affected tissues as a direct astringent.

Again, it would seem that all compounds containing and readily parting with chlorine are of service, so the chlorate of potash may be given in conjunction with the iron; or, for the good purpose of combining in one, an efficient local application, and a means of introducing chlorine readily into the system, the formula given below may be employed with advantage.*

Several of the worst cases of diphtheria which I have seen have seemed to owe their recovery to the use of this compound; specially one where life for days together hung by a thread, and where a huge coherent cast of the pharynx and back of the throat was expelled.

Cinchona, as the decoction or tincture, I do not think of material value; and quinine, although I have commonly given it where there has been much loss of appetite, excessive perspiration, and so forth, has seemed to carry with its use only an indirect good.

3. *Food and Stimulants.*—These play no unimportant part in the medical dealing with so serious a malady. Small quantities of nutritious and easily digestible food should be given at very short intervals; and no existence of feverish symptoms should, for one moment, be deemed warrant for confining a child to 'low diet.' I believe that, humanly speaking, very many deaths from diphtheria have resulted from inattentive nursing, and from an unwil-

* *R.* Potass. Chloratis oz. ij.
Acid. Hydrochloric. dr. ij.
Aq. distillat. dr. ij.

Mix the acid and water together first; add the mixture to the chlorate of potash, and keep the whole in a dark place.

Oz. ij. of this solution to be mixed with a pint of water. Dose, one or two table-spoonfuls, according to age, for internal use; or as a wash for mouth or gargle.

lingness to press on a listless sufferer the prescribed supplies of food.

New milk is of very much value, and may be used in large quantities, and, at intervals with this, beef tea, essence of beef, or other nutritious foods. Farinaceous compounds are least to be trusted to.

Sometimes, and indeed as if it were an integral part of the affection, there may be absolute repugnance to food; a condition, if lasting beyond some short time, which renders ultimate recovery almost impossible. Yet here even much may be done by quiet perseverance, and, failing other means, nutrient enemata should certainly be tried.

Stimulants should be used early, and without hesitation; as in cases of fever, the first noted feebleness of the heart-beat, or softness and rapidity of the pulse, furnish full reasons for their employment. Wine is probably to be preferred to other alcoholic compounds.

Accidental complications, very apt to occur, will call for changes of treatment, and a wearisome illness cannot throughout be treated by the same remedies; but the declared principles hold good that the disease is eminently asthenic in type, and that no lowering agencies are to be deemed admissable.

Extension of local mischief to the larynx may occur in the most simple cases, and certain expedients should at once be tried. Emetics (the sulphate of zinc, for example) may be given, and the child made, as in croupy attacks, to breathe an atmosphere loaded with warm vapor, with other means which may promise relief.

If these, however, fail, tracheotomy may be suggested; in four well marked cases I have myself done the operation, substituting thereby an easy for a most terrible death, and giving some hours more of life when life was on the point of passing away. The details of the necessary operation may be found in any surgical work. Cautiousness and slowness are the two most necessary points to be observed in performing it. Yet, although I would in a suitable case propose and carry out the same procedure, it would still be with the fear that recovery would be most uncertain; not from the local throat mischief, or in any sense from the operation itself, but from the wide spread taint of the general system. Relief may be promised with fair confidence, a painless death will take the place

of an agonizing struggle for breath, but a very small percentage of cases ultimately do well.

Supporting treatment, enforced and long-continued rest, with change of air, form the best rules for dealing with the consequences of diphtheritic affections; loss of nerve power is but slowly repaired, and though, in the great majority of cases, recovery may be certainly expected, it is only after a very prolonged convalescence.

The preceding remarks must be looked on as suggestions, hardly, indeed, doing justice to the very interesting subject which has been put into my hands for this volume of St. Bartholomew's Hospital Reports. For a satisfactory treatment of the affection, and a due recognition of the labors and suggestions of others, very much more space and time would be required.

Enough for my purpose, if I add a fragment to that practical knowledge of every-day disease, without which no useful advances in medicine can be made.—[*St. Bartholomew's Hosp. Reports, Vol.* 2.

Resection of the Head of the Femur for Unreduced Dislocation into the Ischiatic Notch.

In the second volume of *St. Bartholomew's Hospital Reports*, Mr. P. C. Delagarde, of the Devon and Exeter Hospital, England, has reported the following case of excision of the head of the femur, in a case of irreducible luxation of the head of the femur into the sciatic notch. The principle involved in this operation was proposed also by our friend, Dr. Ezra Read, of Terre Haute, Ind., some two years since, in a case where the attempt to reduce an old luxation of the head of the humerus into the axilla would have been unjustifiable. The patient committed suicide because the Doctor refused to attempt the reduction. In a communication addressed to me by Dr. Read in reference to the above case, he inquired, Why not, in such a case, exsect the head of the bone? We regret that we have lost the letter in which Dr. R. argues in favor of such a proceeding. We have ourselves exsected the head of the humerus on the dorsum of the scapula, in which the luxation was compound, and the destruction of the soft parts such as to render

the reduction otherwise impossible. The patient died some days afterwards of pyæmia. He was an unfavorable subject for the operation. G. C. B.

"Robert Harford, of Tiverton, laborer, æt. 51, about five months before the operation, had had the left lower extremity crushed and lacerated by the falling of a cob wall. The thigh bone was broken in two places, and its head dislocated into the sacro-ischiatic notch. The knee was badly cut, and the leg bruised and broken. Four months after the accident he was, on the 1st of August, 1861, brought to the Hospital. I found the fractures well united, but of course no attempt had been made to reduce the dislocation.

"The man's state was deplorable. The slightest attempt to move the thigh made the head of the femur press on the sciatic nerve, producing throughout the limb a most peculiar numbness, which was intolerable. He lay as straight as if a spit had been thrust from his heel to his head. His health was rapidly sinking, and I determined on removing the head of the thighbone.

"The head of the femur was lodged so deeply in the upper part of the notch, and the neck lay so buried in the soft parts, that I foresaw I should not be able to saw it off, and prepared accordingly.

"Sept. 1.—I made a deep incision from the trochanter to the sacrum, through the glutæus, and laid bare the neck and head of the femur. Upon these an adventitious capsule had been formed. The ligamentum teres was strained, but not broken. The pyriformis tendon passed under the neck with the obturator tendons. I had the limb rolled inward, and carefully passed an elevator under the neck of the femur, so as to lift the head off from the sciatic nerve. The semilunar limb of a very strong bone-cutter was passed under the neck, near the trochanter, but the bone was so hard that not the slightest impression could be made. It was withdrawn, and I tried a large trephine. The pivot could hardly be made to pierce the bone, but at length I got the teeth to bear, and with great labor took out a circular die. I gouged out the cancellated structure until I reached the opposite wall. Then I introduced a smaller trephine, and worked until I supposed I had almost got through. I passed a strong, narrow bladed saw into the cavity, and sawed, as well as I could, the bone remaining be-

tween the two circles. I fixed a very strong pair of bone forceps, first in one groove and then in the other, and thus cut off the head of the bone. The splintered portions were nipped or filed down. The sciatic nerve was laid bare for an inch and a half. It was curiously flattened, and moulded to the head of the femur. This operation took three-quarters of an hour.

"The relief was immediate. The wound healed in six weeks. He could then sit up in bed, with the thigh at a right angle with the body. Gentle exercise on parallel bars soon gave great freedom of motion. He was discharged on the 16th of January, 1862, with a serviceable limb, and in good health.

"He died in the summer of 1864, of pneumonia, having slept in the rain one Saturday night, instead of going home as a sober man would."

Simple Remedies.

"During this, my second, as well as my first, winter in London, my professional studies were wholly limited to anatomy, except that in the early part of it, and afterward, when I had no subject for dissection, by Dr. Baillie's advice, I attended in a chemist's shop, in order that I might gain some knowledge of the Materia Medica, and the making up of prescriptions. The shop was at the corner of Little Newport street, and the proprietor of it was a Mr. Clifton, who also practiced as an apothecary, exercising his art among the tradesmen of the neighborhood. He was an apothecary of the old school, having no science in the ordinary sense of the word; yet I have no doubt, a useful and successful practitioner. I came to this conclusion because, although there was nothing prepossessing in either his manner or appearance, his practice gradually increased, until, at last, he was able to give up his shop and live in a large house near Leicester Square, where he dispensed medicines only to his own patients. It is usual in these days to regard this class of practitioners with but little respect; but the fact is, that they were very useful persons; and, having no ambitious aspirations, they were within the reach of the poorer orders of society, which is not much the case with the better educated surgeon-apothecaries, or—as they are called—general practitioners, of the present day, who have expended a considerable sum of money in order to obtain a license to practice. Mr. Clifton's

treatment of disease seemed to be very simple. He had in his shop, five large bottles, which were labeled, "Mistura Salina," "Mistura Cathartica," "Mistura Astringens," "Mistura Cinchonæ," and another, of which I forget the name, but it was some kind of white emulsion for coughs; and it seemed to me that out of these five bottles he prescribed for two-thirds of his patients. I do not, however, set this down to his discredit; for, while I have observed that while young members of the medical profession generally deal in a great variety of remedies, they generally discard the greater number of them as they grow older, until at last their treatment of diseases becomes almost as simple as that of the Æsculapius of Little Newport street. There are some, indeed, who form an exception to this general rule, who, even to the last, seem to think they have, or ought to have, a specific for everything, and are always making experiments with new remedies. The consequence is that they do not cure the patients, which the patients at last find out, and then they have no patients left.—[*Sir Benj. Brodie's Autobiography.*

MISCELLANY.

Good Samaritan Hospital. SURGICAL CLINIC BY PROF. BLACKMAN.*
(Reported by Drs. Haile and Miner, resident physicians.)

CASE I. Thomas Dean, aged 22 years, a native of Ohio, boatman, came to the hospital on December 15th, 1866, having at the time an enlargement of the tibia, accompanied with very excruciating pain in the bone, more particularly at night. There was a lengthening of about one and a-half inches of the limb, and it had the appearance of being bent forward in the center, being increased in circumference between two and three inches, and very sensitive to the touch at one point. He stated that about eleven years previously, he first noticed a swelling in the limb coming on without any known cause. Soon there appeared several sinuses extending to the bone, which discharged pus very freely; these

* These clinics are attended only by the class of the Medical College of Ohio.

would heal up for a time, but soon return at some other points, discharging several fragments of bone. At this period he did not suffer much pain in the limb. It continued in this condition until one year ago; when it healed up entirely, and seemed perfectly well, until about three weeks previous to the time of his coming to the Hospital, when he began to experience almost intolerable pains in the bone, accompanied with some inflammation and tenderness of the periosteum. He was first put upon the use of the Iodide of Potassium in large doses, without deriving any benefit therefrom, and on December 21st, Prof. Blackman cut down upon the tibia, and trephined the bone, finding a collection of pus in the center. As soon as the effects of the chloroform passed off, he expressed himself as feeling greatly relieved, having not been as free from pain for several weeks. Warm applications were used on the part, all of the pus escaping; and in four or five days the wound began to fill with healthy granulations.

At the present date, February 8th, the patient is in an excellent condition, and the limb has regained much of its normal shape and circumference.

Case II. John McCrubeary, admitted to the Hospital of The Good Samaritan, January 2d, 1867, states that about four years ago he first noticed a swelling on the middle third of the tibia of the left leg. It gave him no trouble till some eighteen months ago, when he began to experience some pain in the region affected. Matters went on from bad to worse, and upon his entrance to the hospital his pain and suffering were intolerable. It extended from the node, down the tibia to the foot, and was rather nocturnal in character, although in the daytime he could not bear the leg of his boot to touch the sore point. At the time of his admittance he presented an anæmic and broken down aspect, and, moreover, had a chancre. The previous history of the patient would lead one to suspect the cause of his present trouble to be syphilis. Some eight years ago he had a chancroid, accompanied by a suppurating bubo. Two years afterward he had a chancre, followed by some secondary symptoms. He had alopecia, ulceration of the nasal fossal, with a muco-purulent discharge therefrom. He had also some one of the skin diseases belonging to secondary syphilis; although, from his account it would be rather difficult to state of

what variety the eruption was. Four years afterward, this node appeared, whether as a tertiary symptom or not, it is hard to say.

On the 11th of January, 1867, he concluded to have the operation of trephining performed for the relief of his unendurable pain. The operation was performed by Prof. Blackman, in the presence of the class of the Ohio Medical College. An incision of two inches was made over the part affected, and the trephine introduced, but the bone was so dense, and of such ivory-like hardness, that the trephine was broken, and it was necessary to procure another instrument to complete the operation. The patient was at once relieved of the pains which had rendered his existence so miserable; the wound in a short time began to fill with healthy granulations, and the patient rapidly to improve. At the time of writing this report, February 9th, the patient continues perfectly relieved.

In his remarks upon the above cases, Prof. B. alluded to the happy effects of trephining the tibia, not only where circumscribed collections of matter were formed, but also, in those instances in which we have the bone enlarged and of ivory hardness, as the result of ostitis; and in which not one drop of pus is found after perforation with the trephine. He referred to numerous cases which had occurred in his practice, and in which patients had derived permanent relief from the operation. He had resorted to it not only in cases of syphilitic ostitis, but in instances of enlargement and induration of bone, dependent on other causes; and the testimony of his patients had been strongly in favor of the operation. He added, it had been highly recommended by Mr. Henry Lee, of St. George's Hospital, London, and Langston Parker, of Birmingham, England, the well known author on Syphilis. The accident which had occurred in the last case, of breaking of the instrument, would also suggest to them the importance of being provided with more than one of the same size, for it had occurred to him in several instances, in consequence of the extreme hardness of the thickened bone. He reminded them of the resemblance between the tibia of the second patient to the illustration of curvature and elongation of the same bone to be found in Mr. Paget's Surgical Pathology, and urged them to carefully study the remarks of this excellent author on the various changes produced by inflammation on the structure of bone.

Varicocele.

R. D., æt. 25, a farmer, and resident of Indiana, came to the hospital on the 9th of January. He had suffered from varicocele on the left side for four years. As the patient desired to submit to an operation for the radical cure of the disease, Prof. Blackman decided to try the operation proposed by Mr. Henry Lee, of London, an account of which was given in the December number of the CINCINNATI JOURNAL OF MEDICINE. It consists of passing two hare-lip pins, three-quarters of an inch apart, between the enlarged veins and the vas deferens, the latter having been carefully isolated. A thread is passed over the pins as after the operation for hare-lip, and the enlarged veins included between the pins are divided with a knife. The patient was brought before the class, and the operation performed as above described. No unpleasant symptoms followed. The pins were withdrawn on the sixth day, at which time a solid plug occupied the site of the parts involved in the operation. The patient left for home on the fourteenth day in a very excellent condition. He was instructed to continue, for a few weeks, the use of the suspensory, and to apply cold water to the parts two or three times daily.

CASE II. M. P. æt. 20, a farmer, admitted Jan. 22d, with a bad varicocele on left side, and scrotum very much elongated. An operation precisely similar to the above was performed on the 25th January. In his lecture, Prof. B. stated, that for some years he had in such cases of great elongation of the scrotum, removed the redundant portion as originally recommended by Sir Astley Cooper, but he had not trusted to this alone, and in all cases had at the same time obliterated the veins by means of the ligature, or the use of pins over which the figure of eight suture had been passed. He added that in the large number of cases of varicocele he had attempted a radical cure he had seen no untoward results, but he had always been careful before resorting to the operation to see that the patient's general condition was good, his secretions right. He thought there was reason to believe that when fatal results had followed operations for the radical cure of varicose veins it was in consequence of neglect in observing this precaution, and that death had been caused by this rather than by the *particular* method adopted. He alluded to the prejudices existing in the minds of many surgeons against any but paliative

treatment in these cases, but remarked that Mr. Curling in the recent London edition (1866), of his valuable *Treatise on the Testes*, had expressed his change of opinion, having until of late, become afraid of these operations. Now, however, he strongly recommends Mr. Lee's operation, and refers to numerous instances of success in which he had resorted to it. In the second case above reported the pins were withdrawn on the sixth day. The small piece of card paper which had been interposed to protect the skin from pressure had become displaced, and the pins had cut partly through the integument. On presenting the patient, Feb. 9th, to the class, Prof. B. observed that this would probably prove of advantage, as it would tend to interfere with the too great elasticity of the scrotum, and from the very favorable appearance of the parts at present date he was inclined to think that the patient will make an excellent recovery notwithstanding he had not removed, as in operations by other methods, the redundant portion of the integument. Prof. B. exhibited to the class the moc-main lever truss, so highly recommended by Mr. Curling, and which, as a palliative measure had been used with benefit in one of his own patients. He added that radical cures had thus, in some instances, been affected, but to bring about such a result, its use for some one or two years would be necessary. It acted upon the principle of removing the superincumbent weight of blood, and the pad was to be applied over the external ring.

Synopsis of a Bill to Elevate the Standard of Medical Education, accompanying Surgeon-General McDERMONT's Annual Report to the Governor of the State of Ohio.

Section I provides that the Governor shall appoint nine Medical Examiners: three for two years, three for four years, and three for six years.

Section II directs that this Board of Examiners shall elect a president, a secretary, and a treasurer, and prescribes their duties.

Section III authorizes the President of the Board to appoint committees of not less than three members to hold examinations at such times and places as the Board may determine.

Section IV fixes compensation of the Board, which is to be paid from moneys arising from examinations.

Section V. Public reports of the proceedings of the Board, and of its treasurer, to be made to the Governor annually.

Section VI. "It shall be the duty of the Board of Examiners to examine all persons who may wish to engage in the practice of medicine or surgery in the State of Ohio, and to grant certificates of qualifications to all who pass a satisfactory examination; provided, however, that before the examination of any candidate, such candidate shall present to the Board satisfactory evidence that he is a graduate of some respectable school of medicine, and is of good moral character."

Section VII. Certificates to be granted to those only who, "upon careful examination, are found to be proficient in the branches of a liberal English education; also in anatomy, physiology, chemistry, hygiene, symptomatology, pathology, obstetrics, and principles and practice of surgery." Twenty dollars to be paid by each person who receives a certificate.

Section VIII makes it unlawful to engage in the practice of medicine within this State without a certificate from the Board. This not to apply to those persons already in practice.

Section IX. Penalty for violation of the act, a fine of not less than fifty, nor more than two hundred dollars; or imprisonment, or both, at the discretion of the court.

Messrs. Editors:

Above I give you an abstract of a Bill now pending in the Legislature of Ohio, the provisions of which are of the highest interest and importance to the medical profession of the State; and I ask space in your journal to call attention to it, and to urge medical men to influence their Representatives and Senators in favor of its passage.

The voluntary assumption of such a task by me, an humble member of the profession, occupying no official position, may seem presumptuous, but my apology is that no medical journal has yet informed its readers that such a bill, so vitally affecting their interests, is before the Legislature; neither have I seen anything of it in the newspapers; and therefore, I presume the majority of the profession to be in entire ignorance of the matter, while the changes contemplated by the Bill affect most deeply the welfare of the profession as a body.

The first question to determine would seem to be whether any

necessity exists for such a Bill. Since the State has already chartered medical colleges, and conferred upon them power to license persons to practice medicine, the answer would seem to be necessarily in the negative. But unfortunately, as a consequence of a faulty system of medical education prevailing generally throughout our country, as well as in our own State, from the great multiplication of medical colleges, and their consequent rivalry, and from other causes, the requisite qualifications for a degree have been lowered, until the possession of a diploma is no longer considered a guarantee that its holder is a well qualified medical man. I believe this statement has been so frequently reiterated in reports to State medical societies, and before the National Medical Association, and is so generally accepted as true, that it needs no argument or proof. Should proof be required, however, sufficient may be found in the report of the Surgeon General of the State for 1866.

"The eminence accorded to Ohio surgeons for skill and fidelity in the late war, was not due to any merit in our system of medical education, but to the faithfulness of the Examining Board.

"The gentlemen composing this Board were distinguished for integrity, patriotism and professional ability. Animated by an earnest zeal for the efficiency of the service, they recommended for appointment only those who possessed the requisite qualifications. None but graduates of regular medical schools were admitted to examinations, and yet over eighty per cent. of these were rejected for incompetency. The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity."

From this official record there is no appeal; from this evidence furnished by stern experience there is no escape; and the testimony is as damning in character as it is overwhelming in weight.

Neither can the deduction from the facts be avoided, and it is plainly made by Dr. McDermott, to whom the profession is indebted for the origin of this Bill, and who has recommended, in his report, the establishment of a Board of Examiners for times of peace as well as of war.

"If it was the duty of the State, as all concede, to provide competent physicians for the soldiers, it is no less a duty to make similar provisions for the citizens; and yet those rejected candidates, with hundreds of others equally incompetent, are now

scattered over the State pursuing their fatal trade with criminal recklessness."

The necessity for such a law is then beyond question. What objections can be urged to it? Can the people object? Certainly it is impossible that they can find fault with a law which will secure them competent medical men to treat their accidents and diseases. In this connection it may be noted that the people of some sections of the State have been petitioning the Legislature during the present winter to protect them from incompetent dentists! If the care of the teeth needs legislative supervision, how much more the whole body?

That there should be no objection on the part of those who practice the various forms of quackery, and have schools of their kind in the State, the Bill contains no requirement for the practice of a particular system of medicine, and no restriction upon any; neither does it deny to the graduates of those schools admission to an examination, although the army regulations require that a candidate for the service shall be a graduate of a *regular* school of medicine. Perhaps the word "legal" might be substituted for "respectable" in section VI., which would leave nothing to the discretion of the board of examiners in this respect. Again, it will be observed, that the Bill does not institute an examination in either materia medica, therapeutics, or the practice of medicine. Surely none of these schools—homœopathic, eclectic, physico-chemico-vital, or what not, will claim that they send out graduates who could not tell how a fracture should be dressed, or a dislocation reduced, give the relations of the femoral artery, or say how they would proceed to remedy a shoulder presentation. And if the graduates of these schools do not use arsenic, or mercury, or opium as medicines, no one will maintain that they should not be informed upon the action of agents so frequently administered in excessive doses, either by accident or with criminal intent.

It is not possible that any objection can be raised by members of the regular profession. Since the Bill does not require an examination of those already in practice, (not, it is evident, because such an examination is unnecessary), we think not a word can be advanced against it. If objected that it tends to render the degree already possessed of little value, I would ask, what is it worth now? and quote again from the report of the Surgeon-General—"the diploma of a medical college has ceased to be of any value

as an evidence of capacity." Should it induce a coming generation of medical men to append the year of graduation to the degree [M. D., 1868,] as in foreign countries the name of the university is always added, it will afford satisfactory evidence of its beneficial operation. But, in my opinion, nothing can be feared from a measure which tends strongly to lessen the number and increase the qualifications of those seeking to enter the profession. The candidates for the professional toga can alone complain of any hardship, and their consolation must be found in the superior value of membership of the profession.

There is another manner, not perhaps so obvious, but very important, in which the bill will benefit the profession, if it becomes a law. I maintain that the influence of the colleges in the management of professional matters is at present far too great, and that the body of the profession is comparatively voiceless and without influence; all official avenues of access to, and of action by, the profession as a body, are now in the hands of the colleges. The journals are so, almost universally. In the State Medical Society, partly from want of attendance on the part of the profession, and partly because the representatives of the colleges are more practiced speakers, their influence is preponderating. It is the same at the National Medical Association, and to give warning of the tendencies, I may mention that a resolution was introduced at Baltimore, last May, reducing the representation of local societies in that body from one for every ten members to one for every twenty. The proposition failed, it is true, but may be renewed and carried this year. Now the proposed law will do much to restore, in this State, a balance of power, which I truly believe has been disturbed with injurious effect upon the interests of the profession. Placing on guard at the avenues of entrance to the profession, nine men selected from the medical men of the State at large, uninfluenced by local interests and local prejudices, it will furnish, it appears to me, the best possible guarantee for the qualification of those allowed to enter, and its Board of Examiners will exercise an influence, not necessarily hostile or antagonistic, but modifying and regulating to that of the school.

Can the regular medical schools object to the passage of the Bill? It is not for me to answer this question; perhaps *you*, Messrs. Editors, can furnish a reply. The Bill does not supercede graduation, although it places another and higher test before the

candidate; but if all are treated alike, and fairly, it is impossible to see any ground for objection in this. Further, the separation of the licensing and graduating power from the teaching institutions, I firmly believe to be one of the most necessary measures for the elevation of the profession in this country, and one without which there can be no improvement. Upon this the profession must insist, keep the issue open, and return again and again to the assault, until the reform is effected; or abandon forever any expectation of improvement in the character and standing of the body. I will not, then, attempt to anticipate the reply of those who are to speak for the schools. I can only intimate that in case of opposition to it, the same queries made here to the schools of quacks, will be pushed upon them with relentless pertinacity in the State Medical Society.

I would add one word more in reference to the colleges. Far be it from me to maintain that they alone are responsible for the low position to which the profession has gravitated. As it was well advanced some years ago, by one of their advocates, they can only act upon the material furnished them by the practitioners; and if these will induce young men to enter their offices, who, by lack of previous education and acquirements, tone of mind and aims and purpose in life, are incapable of becoming honorable and qualified members of the profession, the schools alone should not bear the blame.

Trusting that the few words I have written may induce your readers to use their personal influence with Representatives in favor of the passage of the bill,

I am truly yours, J. C. REEVE.

DAYTON, FEB. 1867.

Medical Autobiography.

We clip from the *Medical Record*, January 15th, the following excellent satire upon the medical autobiographies, which one meets with, *ad nauseam*. Indeed, we confess ourselves surprised that any one, in or out of our peaceful profession, can be cruel enough to *torture the lives* of so many medical gentlemen. When the "inclosed questions" are printed and sent out, as they should be, to every physician in the United States, without regard to color or sex—sent out, too, from Washington, franked by the Agricultural Department, we suggest that some inquiries additional

to those given in the *Record*, be made of the prospective victim of misplaced confidence, viz: As to whether, in childhood, he ever had the itch, and by what means it was cured; if still, or, on the other hand, if he can connect the *cacoethes loquendi, vel scribendi* of his manly years with the malady of earlier life? Let us know, too, whether, in his juvenility, knowledge was thumped into his head, whacked into his hands, or mainly entered by way of his glutei muscles. Then, too, he ought to be made to tell what his income tax is; whether he wears a dress coat or a frock coat; upon which side he parts his hair; whether he drives one or two horses; a description of his carriage when he walks, and his carriage when he rides; of his office and of his offices; of his study and of his studies; he should state his views as to the functions of the spleen, with all the original investigations he has made in reference thereto; tariffs, hygiene, and sewing machines, as well as reapers and mowers, agricultural college grants, and the extirpation of the parotid, etc. But to the extract from our excellent cotemporary:

"So much attention is now given to medical biographical writing, and so much care is taken to note down the different salient points of character, habits, etc., of the unfortunate victims, that some insight into the manner in which the very interesting facts are obtained by the author, is deserving attention. We are aware that printed circular-questions are sent to different distinguished individuals to "fill up and return to the author." We have not seen any such, but judging from the points which are brought out in those lives of medical men which we have read, the questions must run very much after the following fashion:

"Where born; what hour; day or night?

"Any paternal history? Ditto maternal?

"Did you ever go to school? If so, where?

"Did you ever learn anything at school?

"Your early struggles? How many?

"Did you start out to be a great man?

"What are the names, ages, occupations, and marital relations of all your brothers, sisters, aunts, and male cousins?

"Hight in feet and inches? In stockings?

"What was your last weight?

"Are you a graduate of medicine? If so, when and where?

"Would you be a doctor again?

"Are you fond of lecturing?

"What is your opinion of tobacco? Do you smoke or chew?

"Your opinion of alcoholic liquor? Do you drink? If so, what is your favorite beverage? When and how do you take it?

"What books, periodicals, letters, etc., have emanated from your pen? Were they well received?

"When did you marry; what for; how often, and whom? Would you marry again?

"How many children by each wife; their names, ages and employments?

"What is your opinion on quarantine?

"Have you any property; if not, do you expect any? Did you marry rich?

"Have you a good memory? If so, mention some examples.

"Can you relate any illustrative anecdote of your character?

"Are you religious? If so, how much?"

Fee for Division of the Cervix Uteri.

Dr. Tilt, *London Lancet*, January 26th, thus speaks of this matter: "Surgical skill is the highest kind of skilled labor, and the surgeon has the right to value his work as he likes. The public need not employ him if they think he overestimates his skill; nevertheless, there is a tacit understanding with respect to the fees that should be asked for various operations, and surely there should be a similar agreement respecting the fee for division of the cervix. At present some practitioners take five or ten guineas, which seems to me too moderate a fee; while others take a hundred or a hundred and twenty-five guineas, which is obviously exorbitant, considering that no more is asked for ovariotomy, or for amputation of the thigh."

We acknowledge ourselves to having performed this operation when the fee was not equal even to the smallest sum mentioned by Dr. Tilt; in fact, the equation would stand: Fee = 0. Probably we might instance another equation thus: Fee = 0, & 0 = benefit of operation. And possibly the latter expresses the truth in regard to about one-half the cases that have been operated on.

T. P.

Doctors in the Witness-Box.

We were interested in reading some remarks in a recent number of the *Lancet*, January 26th, as to the injury done to the profession by the discrepancies of opinion which its members often exhibit when called upon to testify before the courts in suits for damages for railroad injuries. The *Lancet* says:

"The remedy is sufficiently obvious. Let two or three medical practitioners be selected by the plaintiff, and the same number by the railway directors, and an arbitrator be appointed. Let all disputes be arranged by this court, and there will be an end to the present unsatisfactory system of bringing cases before a jury, and subpœnaing medical practitioners on the part of either plaintiff or defendant."

This plan commends itself on other grounds as well—especially on those of economy and justice, and promptness of decision. Quite recently, two other physicians and the writer constituted a jury to decide in a suit of this character, the plaintiff's counsel and that of the railroad company agreeing in the selection, and also agreeing that the decision should be final. And in two hours the whole affair was settled. Had the case gone to the court for trial, it would have involved a delay—it might have been for months—and, at any rate, an expense of hundreds of dollars.

Incidentally, we may say in reference to this particular case, that one of the best substantiated items of expense which the plaintiff's injuries subjected him to, was "twenty-two dollars worth" of tincture of arnica! He evidently did not not agree with Dr. Gerrod in the opinion the latter holds as to the uselessness of this medicine in sprains and bruises. T. P.

Deaths of Drs. Marsden and Brinton, of London.

Both these gentlemen have recently died, the one 81 years of age, and the other 44.

Dr. Marsden's memory will live by his having founded two of the noblest charities in a city richly blessed with charities—those two are the Royal Free Hospital, and the Cancer Hospital.

Dr. Brinton, at the time of his decease, was physician to St. Thomas', and lecturer on physiology in the school of that hospi-

tal. He is well known to all American physicians by his valuable work on Ulcer of the Stomach, which has been republished in this country. The ablest contribution, however, to medical science, will be found in a work on Intestinal Obstruction, which he was laboring on when death interrupted his work. Churchill & Sons, the well known London publishers, advertise this volume as soon to be issued, edited by Dr. Thos. Buzzard. T. P.

Novel Method of Dealing with Ligatures Applied to Arteries.

Mr. Campbell DeMorgan has been adopting of late, at the Middlesex Hospital, a novel plan of dealing with ligatures of legated vessels. After legating the vessels, instead of following the usual custom and leaving the ligatures hanging out of the wound, he, by means of a needle, passes them through the skin close to where they are tied. They remain quiet and come away without the slightest pain or trouble when their work is done. The wound consequently has nothing to irritate it, and heals primarily. The plan leaves the parts as quiet as if acupressure had been applied. —[*London Lancet*, Jan. 19th, 1867.

Cancer: A New Method of Treatment—By W. H. Broadbent, M. D., London.

The Doctor claims that by means of the hypodemic syringe, some fluid may be injected into the tumor, be diffused through it, which may so far alter its structure, and modify its nutrition as to retard or arrest its growth. Acetic acid is selected, for the following reasons:

"1. This acid does not coagulate albumen; is expected to diffuse itself through the tumor, affecting the whole of it.

"2. If it enters the circulation it can do no harm, either by poisoning or inducing embolism.

"3. Acetic acid rapidly dissolves the walls and modifies the nuclei of cells under the microscope, and it is but natural to expect it to do this when the cells are *in situ*.

"4. It has been applied with advantage to open cancer and to cancerous ulcerations."

Four cases are detailed by Dr. B. as having been treated successfully by this method.

Dr. Nunn, of London, treats acute orchitis, a complication of gonorrhea, by the Altemate application of heat and cold, with the most satisfactory results. He admits inflammation of the epididymis, but thinks it cannot be denied that the "sympathetic" phenomena have relation to the nerve supply of the body of the testis, or are such as would result from violent impressions on the body of the testes. The pain from swelled testicle is variable. In some cases the distress is great, and located in the loins; in others the pain is chiefly referred to the crural branch of the genito-crural nerve; but in all cases swelling is the remarkable symptom. The swelling depends in part on effusion into the tunica vaginalis, and in part on the vascular condition of the connective tissue of the epididymis and scrotum. Dr. Nunn employs the Altemate influence of heat and cold water, and speedily overcomes the inflammatory engorgement of the acute stage, having recourse to compression by strapping in the later stage of the disease, when tenderness has in a great measure subsided.

The beneficial influence of Altemate applications of heat and cold probably depends on the removal of the condition of *stacis* by the Altemate dilatation and contraction of the vessels in or near the inflamed part. The crowded and adherent blood corpuscles are again passed into the circulation, and nutritional are substituted for inflammatory processes.

To make the application, the patient is placed in a hot bath; after eight or ten minutes a current of cold water is directed on to the testicle, by means of an india rubber tube, for a minute or two. This process is repeated several times, when an immediate sense of relief is the result.—[*London Lancet*, Jan. 5, 1867.

"*A Vindication.*"

The above is the heading of an editorial in the *British Medical Journal*, Dec. 22, the object of which is to correct an impression prejudicial to our standard of professional ethics, certain to follow the perusal of the speech of Dr. Hunter's counsel in the case of Hunter *vs.* Sharpe.

"In justice to our American medical brethren, to whom it was

imputed, in the course of the case of Hunter *vs.* Sharpe, in the speech of Dr. Hunter's counsel, (although the imputation was rejected by the Lord Chief Justice Cockburn), that such forms of advertisement and practice as he employed were accordant with the American standard of professional ethics, we give the following extract from the 'Code of Ethics of the American Medical Association,' which lies before us."

It then publishes Art. 1.—"Duties for the support of Professional Character," in which public advertisements, or hand bills are denounced as being derogatory to the dignity of the profession. While on the subject of advertisements, in connection with the above, we insert in this place an extract from the "Editor's Farewell" in the same Journal, Dec, 29th. It refers, among other matters, to the course, so extensively pursued by authors in Great Britain, of regularly and persistently advertising medical works in the secular press.

"Perhaps there never was a moment in the history of our profession, when a firm and honest criticism was more needed in dealing with its literature; for assuredly there never was a time when the press *per fas et nefas* has been so widely resorted to as a means of gaining fictitious notoriety, as well as a true scientific reputation; never a period when books have been made so extensively available as a means of advertisement. Moreover, in the ethical character of our profession, there is, unfortunately, still work enough for the exercise of an uncompromising condemnation of things professionally dishonest." B.

Diagnostic Value of Retraction of the Nipple in Mammary Diseases.

Mr. Thomas Bryant, of Guy's Hospital, London, is the author of a paper in the *British Medical Journal*, Dec. 8th, in which he controverts the general impression that a retraction of the nipple is characteristic of malignant disease. After reporting several cases of abscess and cystic disease in this organ, in which the nipple was retracted, he thus concludes:—

"We have thus shown that a retracted nipple is an occasional symptom in acute and chronic inflammation of the heart; that it is found in cystic diseases of the gland as well as in cancerous; in fact, that it is met with *in all the diseases of the true gland, whether simple or malignant.* It is absent in the ordinary chronic mammary or adenoid tumors, simply because these tumors are not of the gland itself; and, as a consequence, the nipple, with the gland-ducts, are not interfered with. In what way, then, it may be asked, is this retraction of the nipple generally brought about? It must depend on some general or simple cause, as it is found under so many different conditions; 'for,' as I have stated in another place, (*Clinical Surgery*, Part v., p. 429), 'a retracted nipple may be described as an accidental symptom in the development of a tumor; it is the product of mechanical causes, and its presence is determined by the manner in which the gland is involved in the disease, rather than in the nature of the affection itself. Should any tumor, simple or malignant—should any abscess, chronic or acute—attack the centre of the mammary gland, a retracted nipple, in all probability, will be produced; for, as the disease so placed will necessarily cause material separation of the gland-ducts, their extremities—terminating in the nipple—must be drawn upon, and, as a consequence, a retracted nipple will be the result.' In an early stage of an infiltrating cancer of the organ, this symptom is one of *occasional* occurrence; the nipple being drawn towards the side of the gland which may be involved. At a later stage of the disease, however, when the infiltration is more complete, the nipple may again project. In a central chronic abscess of the breast, the retracted nipple is equally common; and in the true cystic adenoceles it may also be present. The explanation of the cause of this symptom in all of these cases is alike, being purely mechanical, and in a measure accidental." B.

We are compelled to defer until our next number the Seventh Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio, for the year 1866. O. M. Langdon, M. D., Superintendent. Also the Annual Report of the Surgeon-General, C. McDermott, M. D., to

the Governor of the State of Ohio. Dr. McDermott's Bill, now before the Legislature, is calculated to produce a lively sensation, if not a complete revolution, in matters pertaining to our profession in this State. We give in this number an interesting article on this subject, by our friend, and well known contributor, Dr. J. C. Reeve, of Dayton. We have received the Eighteenth Annual Report of the Commissioners, Superintendent, etc., of the Indiana Hospital for the Insane, but have not had time to examine its contents. B.

Gangrene of the Feet—Sequelæ of Cholera and Diabetes.

In recent numbers of the *Gazette des Hopitaux*, of Paris, we have seen frequent reference to the occurrence of gangrene of the feet, following cholera and diabetes. We hope if any of our readers have seen such cases they will oblige us with a report. Not long since, we saw, in consultation with Prof. Comegys, a case of gangrene of the toes, in an aged diabetic patient, who died very shortly after the appearance of the gangrene. B.

Letter from John M. Bigelow.

We have received from our old friend Dr. John M. Bigelow, formerly of Lancaster, O., a very interesting letter, from which we make the following extract for the benefit of our readers:

DETROIT, Jan. 20th, 1867.

MY DEAR DOCTOR:

From my avocation for the last six years in the meteorology of the Lake Survey, and from personal observations on the climate of the vast regions of the West, especially of Texas, New Mexico, Arizona and California, while in capacity of physician and botanist to the Mexican Boundary Survey, under Mr. Commissioner Bartlett, and the Pacific Railroad Exploration, near the 35th parallel, under Capt. Whipple, including a period of about four years, I became familiar with the sanative influence of climate, and the medical topography of those regions. After passing to the west of the 100th meridian of longitude, the botany, and especially the medical botany, of which little is yet published, is rich in the

number of species and peculiarity of growth; while the climate and medical topography are peculiar and altogether different from the regions east of that line. Dr. Terry's, and still later, Dr. Drake's, most elaborate and excellent monography of these subjects, although literally embracing the whole interior valley of North America, necessarily, from the paucity of observations and statistics, at the time they wrote, are not only deficient, but almost entirely wanting in the information and detail of this interesting and important branch of medical science, throughout fully one-half of the territory of the United States, which is as much a portion of North America, as the eastern section is. The territory is as large—but I would by no means be understood as intimating that it will ever become as important, because, the soil and climate of a large portion of it are not fitted for the agricultural productions of the East, which, to the inhabitants here, are supposed to be almost absolutely necessary to human existence. There are, however, a large number of plants of various families or orders, which are peculiarly adapted to the regions of the West, and which can be usefully, and even profitably, appropriated to the necessaries and luxuries of man. A knowledge of their adaptation to this new state of things is to be acquired. This is a new study to us, but it will be necessary to grapple and master it before that country can well be developed. Some of our most learned and influential savans are old-fogyish enough to decry the possibility of its acquisition or execution. For instance, see the statement of the secretary of an American Institution, whose establishment was expressly for the "increase and diffusion of knowledge among men," published under the head of Meteorology, in the Patent Office Report of 1856, pages 182, 183. His information is obtained and compiled from partial and immature reports of those regions, and is unjust because not strictly true, and calculated to dampen the ardor after enterprise of our people in that direction. I am happy to say, from personal knowledge on the subject, that the learned Professor, however honest he may have been in the expression of his opinion on the inadmissability of that country to sustain a civilized community, is entirely mistaken.

I must be permitted here to explain, that I do not wish to convey the idea, that the south-western territories of the United States can sustain themselves, independent of other States, by the interchange of productions with each other, and this can only be

accomplished by rapid and cheap railroad inter-communication and thoroughfare. It is in this way the Eastern States, with their barren soil, in connection with their commercial facilities, manufacture and import for their neighbor, and receive their provisions and raw material from the great granaries of the Middle States. And so the South devotes her rich lands to the more profitable cultivation of cotton, sugar, tobacco, rice, &c., and depends on the East and foreign countries for her manufactures, and the Middle States for the greater part of her provisions. In the same way we shall find there are productions, either indigenous to those great arid plains, or that can be produced cheaper, so that when means of interchange with the teeming Valley of the Mississippi and the prolific shores of the Pacific, are offered it, it can support a large population in plenty and comfort, and who will enjoy a higher grade of health than in any other region of the globe.

There is a large number of plants in those regions, whose sensible properties and botanical affinities, with other well known plants, would lead to the assumption of their possessing valuable medicinal properties, of which little is known and nothing published. Others there are, known by experience, to possess valuable properties, of which nothing is published; and yet a larger number possessed of economical value, is nearly in the same category. The topography and climate of that country is somewhat better defined, but to find and utilize it, the physician would be obliged to wade through ponderous great volumes, eighteen or twenty in number, of the Boundary Reports, Army Statistics, and Pacific Railway Explorations, to find the few grains of sanatory salt he made. I am most respectfully, yours,

PROF. GEO. C. BLACKMAN. JOHN M. BIGELOW.

Medical Convention.

At the meeting of the American Medical Association, held in the City of Baltimore, May 3d, 1866, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect:

Resolved, That this Association earnestly requests the Medical Colleges of the country to hold a Convention for the purpose of thoroughly revising the present system of Medical College instruc-

tion, and that a Committee be appointed to aid in carrying the resolution into effect.

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each Medical College in the United States, to send representatives to a Convention to be held in the City of Cincinnati, Ohio, on Friday preceding the next Annual Meeting of the American Medical Association; namely, on the 3d day of May, 1867. We would also respectfully suggest that all delegates to such Convention be prepared to consider fully and act upon the following subjects:

First, The adoption of a more uniform and just rate of Lecture Fees by all the Colleges in this country.

Second, The propriety of increasing the length of the Annual Lecture Term, and the number of Professorships.

Third, The adoption of measures for securing more thorough attention on the part of students, to the more elementary branches of medical science, and a more progressive order of medical studies.

Fourth, The practicability of requiring three Annual Courses of Lectures, instead of two, as a condition of graduation; and of making Hospital Clinical Instruction a necessary part of the Third Course.

Fifth, The practicability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these, and such other topics as the Convention might deem proper, would result in the adoption of measures of great importance to the interests, honor, and usefulness of our profession, we again cordially and earnestly invite your co-operation.

N. S. DAVIS,
S. D. GROSS,
WORTHINGTON HOOKER,
M. B. WRIGHT,
GEO. C. SHATTUCK,
} Committee.

We append to the above circular the following on "American Degrees," from the British Medical *Journal*, Dec. 15th, 1866. It purports to base its remarks upon an article in the American (St. Louis? Ed.) *Medical Reporter*. If it be true—and who can deny that there is too much foundation for it—it is to be hoped that something will be accomplished by the National Association at its next meeting,—or should this body fail to act—let Surgeon

McDermott's Bill be pressed until Ohio can claim the glory of having taken the lead in this so much needed reformation.

"The *American Medical Reporter* agrees with one of its cotemporaries in a complaint that the facilities for starting so-called medical schools in America are so great, that they spring up wherever a few aspiring physicians, with a few dollars or credit, may happen to congregate. Then follows a rivalry to get students and have graduates, so great that young men are rushed through at more than railroad speed, frequently without the least regard for their qualifications or medical acquirements. As an instance, the following is mentioned. A young man, after attending a set of lectures in a medical school, was permitted to take a diploma within less than one year from the time of his first commencing the study of medicine. The *Reporter* concludes that, to diminish quackery in America, it is necessary to control the facility for "rushing through" men who, when they get their diplomas, naturally claim to be regular graduates of medicine."

Ether Spray in Strangulated Hernia.

Dr. John Barclay reports in the *British Medical Journal*, Oct. 20, a case of strangulated hernia in left groin, in which the ether spray was used for forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and, on applying the fingers of my left hand on the swelling for about two seconds accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of us all. The man made a first rate recovery. I have not up to this time seen or heard of a case where the spray was used for a similar purpose; but I think there can be no doubt but that in a great many cases of strangulated hernia its employment is to be preferred to that of ice, or even that of chloroform. B.

Dr. Aitken, the well known author, as we learn from the *British Medical Journal*, Dec. 8th, has sustained a fracture of the thigh just below the nochanlets. His horse reared and fell upon him. At the above date he was doing well. B.